filled in by the funeral director, Pages 1 and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3517

CERTIFICATE OF DEATH

03398

Reg.	Dist.	No.	215

1. PLACE OF DEATH o. COUNTY Montgome:	ry		MARY	rLAND 2	USUAL RESIDENCE (WHO STATE FLORIDA	ere deceased	b. COUNTY		ice befor	re admiss	sion)
RURAL and give	(If autside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		rate limits, write R	URAL and	give nea	rest tawr	n)
OR INSTITUTION	(Rural) PITAL (If not in hospital, g				Jacksonvil d. STREET ADDRESS 5746 Timuq		Road				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Richar	st	Middle Marshal		lost LLEN	4. DATE OF DEATH	March	nth	Day 14	у	Year 1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		8-18-23		9. AGE (In years last birthday) 36 yrs.	IF UNDER Manths	1 YEAR Days		
during most of wo U.S. Navy	TION (Give kind af wark or arking life, even if retired)	S. Govern	ment	South C	aroli	ountry)		S.	WHATC	COUNTRY
13. FATHER'S NAME	TTEN				4. MOTHER'S MAIDEN N						
Charles A	المعامل VER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	INFO	Bess WATER	75	Add	race			
Yes, no, or unknown)	(If yes, give war ar dates of s WW II		SOCIAL SECORITI NO		e) Olivia T.	Alle		me as	#2		
Conditions, if gave rise to cause (a), statin lying cause last	g the <u>under</u> DUE TO)									
PART II. O	ther significant con	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(a) 11	PERFO	DRMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (Enter nature of injury in (Part I ar Pari	t II af item 18.)				
Zoc. TIME OF INJU Hour a. m p. m	10	While	Nat while at wark	20e. PLACE factor	OF INJURY (Hame, farm y, street, affice bldg., etc.	.)	ar tawn)	{(Caunty)		(State
ACTUAL SIGNATURE PHYSICIANS NAME (77.95)	that I attended the March J.W. DAVIS	LT MC	on, and that	death a	U.S. Naval	M, from ADDRESS (So Hospi Hospi	tal, Bet	nd an the state) hesda hesda	e date	DAT 3-7	d abov te signe 7 – 60
Burial (Specif	111	-	22c. NAME OF CEM	ETERY OR C		Tam		ida		(Stat	ie)
1000	pers 1400 Ch	and the	ADDRESS St. N.W. W	Vashin		MAR 1	'RAR 24b. REG	Carlling	S. A	trus	

40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to buriol, crematian, or removal, and in any event within 72 hours after death. be retained by the hospital ar attending physician.

**UNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cample. VS A15 (4) 15M 9/58

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3518 CERTIFICATE OF DEATH

03399

	0010	CERTIFICA	TIE OF DEATH		Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY Montamery	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	n: Residence before odmission)
	RUBAL and give nearest town)	IGTH OF STAY IN 15	c. CITY OR JOWN (If our	tside corporote limits, write RU	RAL and give nearest town
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBJECT:		d. STREET ADDRESS	timme St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Augille (Middle Vummen	d Appleby	4. DATE Month OF DEATH MAN	rele 19 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	Dec: 18 190		Months Days Hours Min.
	100. ÚSUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired)	of Business OR INDUS	, Delau	ane	12. CITIZEN OF WHAT COUNTRY?
	Harry D. Appleby		14. MOTHER'S MAIDEN NA	Bennes	+
I	(s. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL (fer, og or sfindwn) (fr yes, give wor or dates of service)	36 Plano	harkes Day	Jen 3911 B	Offinerist.
_	IB. CAUSE OF DEATH [Enter only one cause per line for (c), (b), ond (c).]	,		INTERVAL BETWEEN ONSET AND DEATH
0	Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIB	OLANCINO BUTING TO DEATH BUT	ma of uter	IAL DISEASE CONDITION GIVE	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	lauc YES NO
	Y 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY of While Not work of two	ot while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
1	21. I certify that I attended the deceased from a live an march 19 19.60. ACTUAL SUWAY BLAGA SIGNATURE SUWAY BLAGA PHYSICIAN'S NAME (Type) Stewart Clay	am, and that death	accurred at 3 7 7 10 No. 3921 Zh		hat I last saw the deceased an the date stated above tote) DATE SIGNED A. J. G. 60
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OF		22d. LOCATION (City, town, or Wilmington	
	23. FUNERAL DIRECTOR'S SIGNATURE	DDRESS	aryland 240. REGIN		TRAR'S SIGNATURE

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 filled in by the funeral director, Pages 1 and 2 shauld be filed with y be retained by the haspital or attending physicion.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complepage 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

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in 24 haurs after death. Page 4

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3519

CERTIFICATE OF DEATH

623 Reg. Dist. No.

Montgomery f outside corporate limited town) (AL (If not in hospitol, g	ts, write	MARY	LAND	o. STATE Virg.	inia	b. COUNTY	n: Residence		lmission)
earest town)	ts, write	c. LENGTH OF STAY	IN 1b						
AL (If not in hospital, g		ll days		The state of the s	f outside corpo andria	orote limits, write RU	JRAL ond gi	3 X	town)
al Center,	Bethe	esda 14, Md	•	d. STREET ADDRESS 905	Princes	s Street	1.2	0	RESIDENCE IN A FARM?
Ste		Middle (None)	lost Archie	4. DATE OF DEATH	Mont Marc		28,	Yeor 19 60
					1903	9. AGE (In years last birthdoy)			7
ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Sto	te or foreign o	ountry)			
ie			1	Marie San Company					
R IN U. S. ARMED FOR	ervice)			RMANT The Me	dical F			Mam	rland
TH WAS CAUSED BY: IMMEDIATE CAUSE (a	use per lir Ma	ssive hemor	tysis					7 ho	L BETWEEN AND DEATH OURS
the under. Due to (c) HER SIGNIFICANT CON AS UNDERLYING COUNTY TO THE T) DITIONS <u>C</u>						EN IN PART	PE	AS AUTOPSY ERFORMED?
MEDICAL EXAMINER) Y Month, Doy, Ye 19	While of world	Not while	foctory	, street, office bldg., o	etc.)				(Stote)
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3/28/			TERY OR CR	EMATORY	22d / A	TION (City, town, c	or county)	7	10
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AT I attended the arch 28 CICHARD C. MEDICAL CAUSE C. MEDICA	ATH (Enter only one couse per link WHAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Call Month, Doy, Year AS UNDERLYING Call BE CAUSE OF DEATH MEDICAL EXAMINER) ATH ON CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year AND CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year AND CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year AND CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year BY MONTH, BY MONTH, DOY, MONTH, DOY	6. COLOR OR RACE Negro Negro Nogro Nigore kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done Ning life, even if retired) No (Give kind of work done No (Give kind of work done) No (Give kind of	Second Color of Race 7. Married Negro Negro Negro Divorced Octobro Divorced D	Negro Ne	Negro	S. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED October 30, 1903 1903	S. COLOR OR RACE 7. MARRIEDE NEVER MARRIED DIVORCED October 30, 1903 50 yrs.	S. COLOR OR RACE Negro

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter, filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be filed with page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages I and 2 shauld be filed with VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

03401

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o. COUNTY	am ons	MARYLAND	2. USUAL RESIDENCE (If institution: Residence COUNTY	e before admission)
b. CITY OR TOWN	f autside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If autside carporate limi	ts, write RURAL and g	ive nearest tawn
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree		d. STREET ADDRESS	Apris	2457	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF	no no	spital	1 Develope	2/ (-)	11 21.	
3. NAME OF DECEASED (Type or print)	Edward	Algander	Bartlett	4. DATE OF DEATH	March	Day Year 15 19 60
. SEX	10/	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE lost 53	(In years birthday) yrs.	YEAR IF UNDER 24 HRS
00. USUAL OCCUPATION during most of world	ON (Give kind of work dane 10 ing life, even if retired)	b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Sto	ate ar foreign country)	12. CITI2	EN OF WHAT COUNTRY
13. FATHER'S NAME	tion V	UMINISINAT	THE MOTHER'S MAIDEN	1/84/16	monster	00
Edward	Carge P R IN U. S. AKMED FORCES? 1	SOCIAL SECURITY NO. 1	14. MOTHER'S MAIDEN	Isabell	Address A	dette
(Yes, no, or unknown)	(If yes, give war or dates of service)	02/6-4950	MATGUERA	E Barth	H Sam	4-1310 2d
	TH (Enter only one could per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	linesfar (a), (b), and (c).]	oi Soika	Lastion		INTERVAL BETWEEN
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gove rise to i couse (a), stoting		1/2		V		
lying cause last.	(c)	CONTRIBUTION OF STATE	IT NOT BELLTED TO THE TER	MINIAL DISEASE CONID	ITION COVEN IN BART	VILLE WAS ALITORS
PART II. OTH	HER SIGNIFICANT CONDITION	MO_ ^	JI NOI KELATED TO THE TER	MINAL DISEASE COND	ITTION GIVEN IN PART	YES 11 NO
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DI CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I ar Port II af it	em 18.}	
20c. TIME OF INJUR Hour a. m. p. m.	Whi		PLACE OF INJURY (Hame, fo foctory, street, office bldg.,		n) (C	aunty) (State
21. I certify th	at I attended the dece	ed from 3-	2- 1900 ta	3-15-	, 1990, that I las	st saw the deceased
alive on	12	100_, and that dea	th accurred at			date stated above
ACTUAL	Loras to	ray of	M.D. 4422	ABORESS (Syeet, cit	VEAT HW	MA 3/15
PHYSICIAN'S NAME (Type)	Befrae 1	K GRAY	IR Be	thesder	14. On	0,0176
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	3/19/60	Parklawn			ity, town, or county)	vland
1) [] [] [] []	1/17/00	Lairtawii	CEILETETA	Trooteat	,	,

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Application of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

03402

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY b. COUNTY

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1. PLACE OF DEATH

the ottending physicion and complete. Filled in by the funeral director, Then please remove corbon papers. Pages 1 and 2 shauld be filed with I be retained by the haspital or attending physician.

INERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete fille

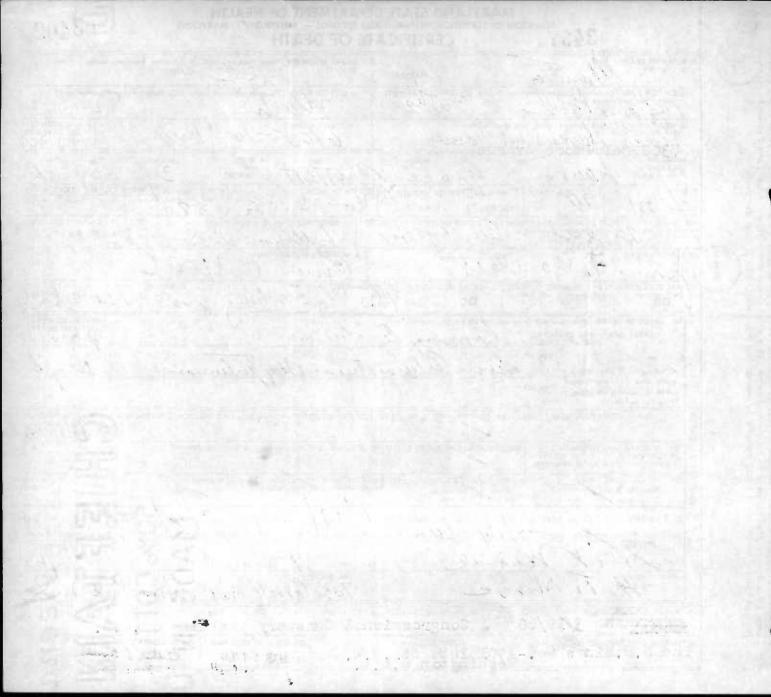
3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages

State Board of Health prior to burial, cremotian, or remaval, and in any event within 72 hours after death.

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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VR A15 (4) 15M 9/59	

b_CITY OR TOWN (If outside obroorote limits, write c. LENGTH OF STAY IN 11	b c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
PURAL grid give nearest town) 3 ws us	Wash.	47×3
d. MAME OF HOSPITAL (If not in hospital give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION Stuven (est fame	6405 -16 MW	YES NO Y
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) hanva. Grace	Bustlett OF DEATH 3/	16/160
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS.
Hem WIDOWED DIVORCED	1 Nov 23 18 R 87 yrs. Months	Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life even it retired) Retired	DUSTRY 11, BIRTHPPACE (State or foreign country) 12.0	TIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 7. Barley	14. MOTHER'S MAIDEN NAME Witzel	
15 (VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Vist no. or unknown) (If yes, give wor or dates of service)	VINFORMANT E Schulz 6405-10	· We lich of
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVALBETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cornary C	celum	ONSET AND DEATH
4-20.1 DUE TO 1	- /	
Conditions, if ony, which) which)	retream 1 Hr Welenson	10 yrs
gove rise to immediate		1
lying couse lost.		S NIGHT AND S
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in Port I or Port II of item 18.)	
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)	
	1717/ 1051 3/16/ 10	60.
21. I certify that (I) (this haspital) attended the deceased fram		(,) (,
saw the deceased alive an 3/14/19/22, and tha	it death accurred atM, from the causes and an t	he date stated above. 22b.DATE
Ky himse	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	11900
NAME (TOP) / MOVSE	7030 Carvall Awe, Talcarone	Park med
230. BURIAL, CEMANICAL 23b. DATE THEREOF 23c. NAME OF CEMETER Congress	y or CREMATORY 23d. LOCATION (City, town, or county Lonal Cametery Washing ton,)	
24 FUNERAL DIRECTOR'S SIGNATURE CO2901 1 Lth St.	250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
The S.H. Hines Co2901 14th St.	N.W. DATEMAR 17'60 arthur &	+ Crank
wasiiing to n 9,1		



71-	V	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
, e	狐	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 3403
should be	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
2 8	192	MONTGOINERY MARYLAND OSTATARY/ANTI B. COUNTY//OMERY
Page burial,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
r. Pe		TAKOMA PARK GOODS SILVER SPRING Md
	175	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
directo	010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
neral d your fil registrar		3. NAME OF First Middle Walston Last 4. DATE Month Day Year
regi		(Type or print) ARIE BASSETT DEATH 3- 019 00 5. SEX 6. COLOR OR RACE IV. MARRIED TO SEVER MARRIED TUR DATE OF BIRTH 10. COLOR OR RACE IV. MARRIED TO SEVER MARRIED TUR DATE OF BIRTH 10. COLOR OR RACE IV. MARRIED TO SEVER MARRIED TUR DATE OF BIRTH 10. COLOR OR RACE IV. MARRIED TO SEVER MARRIED TUR DATE OF BIRTH 10. COLOR OR RACE IV. MARRIED TO SEVER MARRIED TUR DATE OF BIRTH
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D 2 0	(1)	100. USUAL OCCUPATION (Give kind of work done 10m KIND OF BUSINESS OR INDUSTRY THE BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ATKANSAS ATA
2, and	4	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
S J.		JAMES WALSTON PEARL ASHMORE
ge 5 ge 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
File		(Yes, no, or unknown) (If yes, give war or doles of service) INR, RAING S. BASSETT STREAM DEC
M.3.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
rm F		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conner of the cause
lten h fo		4-20.1 DUE TO
Fri Vit	\ -	Canditions, if any, which) (b)
long		gave rise to immediate cause (a), stating the underlying DUE TO
o e		couse lost. (c)
offic d as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
er's		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
d b		20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
Exa		
lical 3 s		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not while of work of w
Med		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and find that
writ DR:		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
e Cl		
tific O th		SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
SAL Sed	2	EXAMINER'S ASSISTANT MEDICAL EXAMINER
rwar FUNE		NAME (Type) HAXR 1-13008Chant DEPUTY MEDICAL EXAMINER & 3-6-60
200	5	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THÉREOF (Stole) 22c. NAME OF CEMETERY OR CREMATORY (Stole)
F	-	BURIAL 3/10/60 Parklawn Cemetery Montgomery County, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
S. A15ME(S)	9	TIME STRING SILVER SPRING MIL
SM 9/55	13.1	College of Carting & King

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

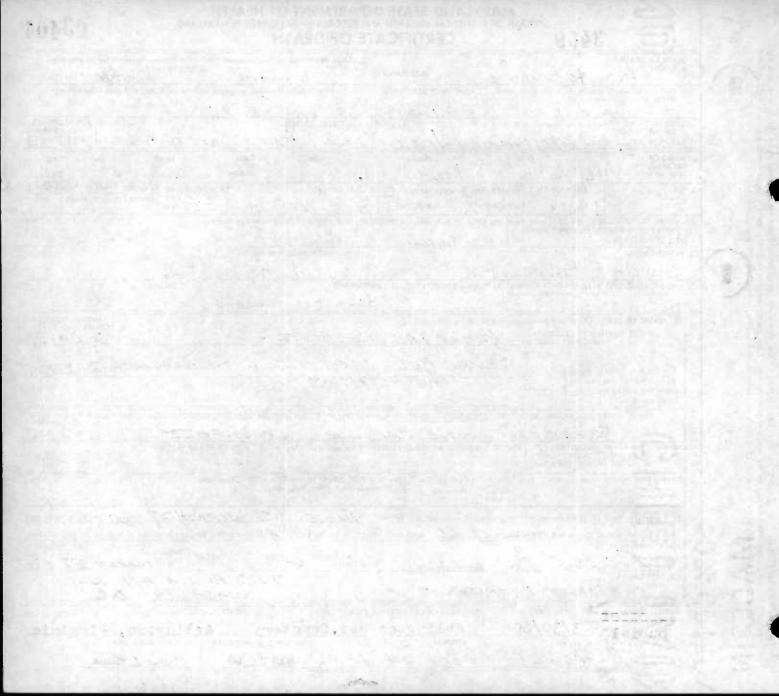
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OJOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retained by the haspital at attending physician.	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any events offer death. 72 hours after death.	
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MOSPITAL OR ATTENDING PHYSICIAN: The law requibe retained by the haspital ar attending physician.	0 9	
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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma fark 57 days	365ilver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Washington Sanitarium 4 Hospital	8627 Piney Branch Rd VES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Mrs. Ellen Mary	Becker DEATH March 27 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. Months Days Hours Min.
White WIDOWED DIVORCED	HU2, 16, 1884 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife own home	New York United States 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME HIME IN COME
Owen E. Gilmartin	Elizabeth baftus
	FORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	tospital Records
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
DARK I DEATH WAS CAUSED BY	RE, ACUTE - ONSET AND DEATH
190 Y DUE TO 0	
Conditions, if ony, which) CELL (CARCINOMA WITH RIMINARY 2 VIFRIS
gove rise to immediate MEYAS?	ASES
couse (o), stoting the <u>under.</u> lying couse lost. (c)	
, (0)	NOT DELATED TO THE TERMINAL DISEASE CONDITION ON SHIP BART 1/- 1/10 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5 MCTERIO SCLEROTIC CAR	DIO/ASCULAR DISEASE YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH	D. (Enter noture of injury in Port I or Port II of item 1B.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	tory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	TUNE 1956, to MARCH 27, 1960, that (1) (we) last
	eath accurred at AM, from the causes and on the date stated above.
220. SIGNATURE	22b. DATE
The state of the s	ATTENDING MED STAFF SIGNED
22c. PHYSICIAN'S	224 ADDRESS
NAME (Type) ROBERT L. KRICHMAR MI	1133 THATSAN FRUE WILL
23a. BURIAL, GREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	N-1 0-1
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	NAT. CEMETERY AFLINGTON, VIRGINIA 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
The & A Dene V) 2911- 146	10 30
IN A IN TOURS CO OF OF THE	White DAMAR 29'60 arthur S. Kinus



	0000					Keg. Dist. No	D.	
1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE o. STATE MARY	(Where decease	ed lived. If institution b. COUNTY		fore admiss	
RURAL and give	(If autside carporote limits, write nearest tawn) ington	c. LENGTH OF STAY IN 16		(If outside carpo	orate limits, write RU N	IRAL and give no	earest town	n)
d. NAME OF HOSP OR INSTITUTION	3717 Decatur		d. STREET ADDRESS		treet			FARM?
3. NAME OF DECEASED (Type or print)	First Grace	Middle Harriet B	eedle	4. DATE OF DEATH	March		-/	Year 19 60
5. SEX	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH			IF UNDER 1 YEA Manths Doys	-	ER 24 HF
Female	Caucasian WIDOV		3/31/78	1-1 fi		12. CITIZEN C	DE WHAT	COUNTR
during most of wo	orking life, even if retired)	OWN HOME		CTICUT	country)		S.A.	JOUNIK
3. FATHER'S NAME			14. MOTHER'S MAIDE					
CLARENCE	EDWIN BELL		CARRIE	WHITE		2 100kg		
	EATH [Enter only one couse per EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	line for (o), (b), ond (c).] Acute Heart	Failure		Kensi	ingt on	TENVAL SE	DEATH
Canditions, if gave rise to couse (a), statinglying cause lost	g the under-	Corenary art	erioscler	osis				
<u> </u>	ther significant conditions umor, right b vas underlying 206. de		nant?			EN IN PART 1(0)	PERFC	AUTOPS DRMED?
(IF EITHER, NOTIF	. 10 Whil	f	ACE OF INJURY Hame, tory, street, office bldg.,	form, 20f. (Cit	y or tawn)	(County	·)	(Sta
21. I certify alive onM	that I attended the deceder arch 5, 19		м.в. 10609	ADDRESS (S	. 8 , 160,t the causes and Street, city or town, s rd Street Marylar	d on the dat stote) et Mas	te stated	
20. BURIAL, CREMATI REMOVAL (Specif BURIAL		22c. NAME OF CEMETERY OF Burtonsville			ATION (City, town, or Montgomery		(Stat	
3. FUNERAL DIRECTO	PUMPHREY., INC.	ADDRESS SILVER SPRIM	NG, MD. 24a. R	REGIDAR REGIS		TRAR'S SIGNATI		

TO CONTRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached far use as the burial-transit permit. Then please remayerable papers, the registrar priar to burial, cremation, ar remayal, and in any event within 72 hadrs after death.

illed in by the funeral director, es 1 and 2 shauld be filed with 24 haurs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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		Reg. Dist. 140.
	PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND 2. US O.	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ▼ b. COUNTY
-	TAKOMA PARK DOA	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VASIFINGTON D.C. 47X 3
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASHINGTON SANT + HOSPITAL 2	STREET ADDRESS 440 - 16 ST NW, e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) RANDOLPH H BEL	Lost 4. DATE Month Doy Year LANAN SROBATH MARCH 9 1960
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE MALE WHITE WIDOWED DIVORCED /-	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN Robert Hall	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (19 en. po for unknown) (17 yes, give wor or doles of service) (18 yes, give wor or doles of service)	KATHERINE POLLIOCK RD 5.5. MD
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Jhrombosi interval between onset and death immediate
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Coronaud Anto. (c)	uioscleussis
))	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r noture of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour a. nc. 19 While Not while foctory, st p. m. 19 at wark of work	INJURY (Home, form, 20f. (City or town) (County) (State) reet, office bldg., etc.)
		1959, to MArch 9, 1960, that I last saw the deceased red at
	SIGNATURE Warre Q. Brill M.D. M.D.	ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S WQUNELD Brill, L. D	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREM BURIAL (Specify) 3-14-1960 ARL INGTON	ATORY 22d. LOCATION (City, town, or county) (State) NATH FTMYER Va
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash	DATE MAR 1 1 '60 24b. REGISTRAR'S MONATURE

lled in by the funeral director, rages I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted by shauld be detached for use as the burial-transit permit. Then please remove carban papers. The registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3436

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CITY OR TOWN If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Town d. NAME OF HOSPITAL (If not in hospital give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) B. DATE OF BIRTH IF UNDER 14 EAR IF UNDER 24 HRS Months WIDOWED [10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY During most of working life, even if retired) XAMIKEI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address CAUSE OF DEATH [Enter only one cause pertine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 10 minutes DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? YES NO TA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY - Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) lactory, street, office bldg., etc. Hour o. m. While Not while of work of work 1950, to March 9, 1960, that I last saw the deceased 21. I certify that I attended the deceased fram. March 3 , and that death accurred at 9:10 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 5600 1 PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sount)

23/ FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE MAR 1 1 '60 arthur & France

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JOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

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in 24 hours after death. Page 4

	Ty Or Town (If outside corporate limits, write RAL and give nearest town) hesda AME OF HOSPITAL (If not in hospital, give street oddress) RINSTITUTION Chinical Center, Bethesda E OF ASED Or print) O. COLOR OR RACE O. MARRIED NEW ASED O. White WIDOWED UAL OCCUPATION (Give kind of work done ing most of warking life, even if retired) DEER'S NAME PICE Benton OB DECEASED EVER IN U. S. ARMED FORCES? OF Unknown) Wif yes, give wor or dates of service) None CAUSE OF DEATH [Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DOING IT OF TOWN OF THE PURPLE OF THE PURPL						Reg. Dist. I	No.	
1. PLACE OF DEATH					ENCE (When	re deceosed lived	I. If institution	on: Residence b	pefare admission)
Montgomer	v		MARYLAND	Marylar Marylar	nd		b. COUNTY	ontgome	rv
b. CITY OR TOWN	(If outside corporate limi	its, write c.	LENGTH OF STAY IN 16	1		tside corporote li	mits, write RL	JRAL ond give	nearest town)
- 11	e nearest town)	3200	28 days	Rockvil	17.0				
d. NAME OF HOS	SPITAL (If not in hospital, o	give street odd		d. STREET AS					e. IS RESIDENCE
OR INSTITUTIO		Dallan	a = 11. ma	707 700	A		4-4	377	ON A FARM
							ADL. #	11/	
DECEASED	ru 	rst	Middle	Last		4. DATE OF	Mani	th	Day Year
(Type ar print)			Lee	Benton			arch	14	19 6
. SEX	6. COLOR OR RACE	7. MARRIED	☐ NEVER MARRIED 🔀	8. DATE OF BIRTH		9. AC	GE (In years at birthdoy)	Months Day	EAR IF UNDER 24 H
Female	White	WIDOWED [DIVORCED [March]	14, 19	44 10	5 yrs.		
a. USUAL OCCUPA	TION (Give kind of work	done 10b. KIN	D OF BUSINESS OR INC	OUSTRY 11. BIRTHPLA	ACE (Stote of	r foreign country)	12. CITIZEN	OF WHAT COUNT
Student			None	Ma	arylan	d		U.	S.A.
. FATHER'S NAME				14. MOTHER'S					
Maurice E	Renton			Edne	a Mill	ison			
S. WAS DECEASED	VER IN U. S. ARMED FOR		CIAL SECURITY NO.			cal Rec	and Addr	ess	
(Yes, no, or unknown)	(If yes, give war or dates of s		ome m					71. 1/-	meel and
No	Paris for a			he Clinica	II CELL	rer, be	the soa		ryland
								C	NTERVAL BETWEEN
FARILLE	IMMEDIATE CAUSE (c	Pulmo	nary Insuii	iclency					o years
581	, 3 DUE TO								
		Purul	ent tracheo	bronchiti	S			A 13	6 years
								5.55	
lying couse lo		Cvsti	c Fibrosis	of the Par	ncreas	3	23 1.14		16 years
PART II.	OTHER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH B	UT NOT RELATED TO	THETERMIN	AL DISEASE CON	NDITION GIV	EN IN PART 1(c	19. WAS AUTOP
PART II.									YES NO
200 ACCIDENT	WAS UNDERLYING	20b. DESCRIB	E HOW INJURY OCCUR	RED. (Enter nature of	injury in Po	art I or Port II of	item 1B.)		
OR CONTRIBUTI	NG CAUSE OF DEATH								
		204 151111	BY OCCUPPED 20-	DIACE OF INITIDY /L	dama far-	205 (6)4		16	1.3
20c. TIME OF IN.	n.	While _		PLACE OF INJURY (F factory, street, office		Zur. (City or to	wn)	(Coun	nty) (Sto
p. r	n. 19	ot work		Sex III a Si					
21. I certify	that I attended the	deceased	from Februar	v 15, 19 60	ta Ma	rch 14	. 1960.	that I last s	saw the decea
alive an Ma		. 1960		th accurred at					
direction and page	0	. 0	, and mar dea	m decorred dig		DDRESS (Street,			DATE SIG
ACTUAL	80.0	1 10		ml- a	m dende	-7 Comb			3/14/60
SIGNATURE	ollward	L. Coly	Crown		Clinic	PERSONAL PROPERTY OF THE PERSON NAMED IN			// 14/ 00
PHYSICIAN'S NAME (Type)	Edward L. E	yerman.	Jr., M.D.	Natio		nstitute		Health	
				- Bethe		H. Mary			
REMOVAL (Spec	TION, 22b. DATE THEREC	27	c. NAME OF CEMETERY	OR CREMATORY	2	22d. LOCATION		01.	(Stote)
Bur-Tran	sit 3/17/6	50	Conneaut (Cemetery			eaut,		
3. FUNERAL DIRECTO	A. Pumphre	V D-	ADDRESS Thorado M	backma		BY REGISTRAR	-	TRAR'S SIGNA	
Konert	A. I umpitte	- J be	thesda, M	aryland	DATE	1 6 '60	Chi	ilun S. Kr	alla

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filled in by the funeral director, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and cample?

CTOR: After this certificate has been signed by the attending physician and cample?

n 24 hours after death. Page 4

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UNERAL DIRI page 3 should be aetached to 1900 to 1900 to 1900 and in any event within 72 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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-		CERTIFICATE OF E	DEATH	Reg. Dist. No.
	1. PLACE OF DEATH KENSING FOR MD. o. COUNTY MONTOMERY COUNTY	o. STATE		institution: Residence before (admission) OUNTY OUTER
	RURAL and give nearest town	lays c. CITY of	TOWNALL outside corporale limits,	write RURAL and give nearest town) 67 X - 3
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RENSING FON GAVDENS N	Jursing H 307	g TG AVE.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) ROSELY 7	Middle , Los	OF	Manth Day Year 26 1960
		DIVORCED MAYCH	h 15 1894 66	hday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BU during most of working life, even if retired)		oland	12. CITIZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME Joseph Pollock.		D (cua H	gener
	16. SOCIAL SECU	URITY NO. INFORMANT	Jus Bard	(Isador)
	1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) GENEL	3 0 10 0	matous	INTERVAL BETWEEN ONSET AND DEATH L. (L.X.)
	Conditions, if any, which gove rise to immediate	Liny Carcin	oma	3 Month
	cause (a), stating the <u>under-</u> lying cause lost. Column 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO BEATH BUT NOT BELATED TO	THETEDMINIAL DISEASE CONDITI	ONI CIVENI INI BADT 1/2) 19 WAS AUTORSY
0	ICATIC			PERFORMED?
Ì		INJURY OCCURRED. (Enter nature o		18.)
	ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCU Hour o. m. p. m. 19 of work of wark	hile foctory, street, office	Home, farm, 20f. (City or town) e bldg., etc.)	(County) (State)
	21. I certify that attended the deceased fram.	nd that death accurred at	6 P.M. fram the caus	19_99hat I last saw the deceased ses and an the date stated abave.
	ACTUAL Mass Sher	erro M.D. 20	25 Cent Went	r tawn, state) DATE SIGNED
	PHYSICIAN'S MAK G. SHEREK	2 MD	Silver Sprin	ig Md
	BURIAL MARCH 27,1960 KIN		22d. LOCATION (City,	LLS CHURCH Va.
	23. FUNERAL DIRECTOR'S SIGNATURE Brangousky & Rons 3	101-14 ST. 11.W.	884D 0 0 100	a. REGISTRAR'S SIGNATURE

Po bussel Carry Carry Hus Band (I chilor) Bloom Parecellage pointe with the provided of the son The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03410 3461 CERTIFICATE OF DEATH director, led with Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY filed b. COUNTY MARYLAND 10n1 demery funeral b. CITY OR TOWN (If outside cor orate limits, write C. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) 70 RURAL and give nearest tow should d. NAME OF HOSPITAL (If not in hospitol, give street address) e. IS RESIDENCE d STREET ADDRES bor OR INSTITUTION ON A FARM? P 2 YES NO pup . 5 ct 4. DATE Month Year DECEASED 70 DEATH (Type or print) 1960 an IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S SEX 8. DATE OF BIRTH lost birthdoy) Months Days Hours 70 WIDOWED [DIVORCED T a ā E1 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Cam 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dod during most of working life, even if retired) noti pup after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO wor or dates of service) 579-01-9075 72 attending please am 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH EX PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ÷ DUE TO 70 Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underputy lying cause lost PART IV. OTHER & IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? has De YES NO NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc. o. m While Not while of wark of wark p. m that I attended the deceased from 1900, that I last saw the deceased and that death accurred a A - HM, from the causes and an the date stated above. alive and ADDRESS_(Street, city or town, state) ACTUAL SIGNATURE IRVINA 1746 K Street N.W. BROTMAN . M. D. NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City down, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Hrave S. M. DATE

burial-transit certificate detached far burial DIRECTOR: pe 3 shauld VERAL VS A15 (4) 1SM 9/SB

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FOR STATE HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03411

	3462				Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	A CTATE		ution: Residence before odmission) Y MONTGOMERY
	and give nearest town)	ength of stay in 16 9 hrs.	A reference of the contract of	outside corporate limits, write	, RURAL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, WASHINGTON SAN. & HOSP		d. STREET ADDRESS 8217 Roans	oke Ave.	e. IS RESIDENCE ON A FARM? YES NO PA
3	NAME OF First DECKASED (Type or print) CHARLES	Middle JASON BLE	EVINS	4. DATE Mont OF DEATH MAI	
5	6. COLOR OR RACE WHITE WIDOWED	NEVER MARRIED (S) 8. I	4/18/58	9. AGE (In years lost birthday) 1 yrs.	Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE**	OF BUSINESS OR INDUSTRY	MARYLAND	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	HAROLD R. BLEVINS		GLADYS	CLIFFORD	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	Mr.	Harold R. E	levins, 8217 I	Roanoke Ave.
	gove rise to immediate cause (a), stating the underlying cause last. (c)			ng about 1/3 o	t body 9 hrs.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH.	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GI	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		w injury occurred. (En			
-	Hour 36368K 7 00 While _	RY OCCURRED 20e. PLACE Not while foctor of work	e OF INJURY (Home, form y, street, affice bldg., etc.) Home		(County) (Stote) Montgomery, Md.
	21. I certify that I took charge of the removation death resulted from: Natural course				, Inquiry 🔀 , ond in my ermined monner
	SIGNATURE Frank J. Brus	thait	M.D. CHIEF MEDICAL EX		DATE SIGNED
4	EXAMINER'S FRANK & BROSCHART		DEPUTY MEDICAL E	EXAMINER 💍	3/23/60
	TRANS. & BURIAL 3/24/60	NAME OF CEMETERY OR C		22d. LOCATION (City, town, MARIANNA, ARI	KANSAS
	Raymond a Jiska	ILVER SPRING	, MD . 240. REC'I	AD 2 4 100	Istrar's signature

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME 5M 2/57

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please tute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3. The funeral director. Page and dealy of the Chief Medical Examiner's Office along with form PM3. Page 5 ms. I retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medith, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 78 hours after death.

ELECTRICAL CONTRACTOR

the safe (savety sat, your extraction)

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

3522 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

03412

		UUWW		CERT	IFICAT	E OF DEAT	П				
1, PLA o. (COUNTY MO:	ntgomery		MA	RYLAND	usual residence	(Where decease	d lived. If institution b. COUNTY	n: Residence		nission)
b. (RURAL and give no	If outside corporate limits earest town)	s, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	251 41		JRAL and giv	ve nearest to	own)
d.	NAME OF HOSPIT	TAL (If not in hospital, gi	ve street o	1 day		d. STREET ADDRESS		hry		e. IS	RESIDENCE
	OR INSTITUTION	~ ~	eral		91	Watersvi		hec			A FARM?
	ntgomer	y Co. Gen		Mide	-	Last	4. DATE	Mon	th	Day	Year
DE	CEASED pe or print)	KATTE		M.		OOM	OF	March		30	1960
5. SEX	(7. MARR	ED NEVER MAR		DATE OF BIRTH	1	9. AGE (In years	IF UNDER 1	YEAR IF UN	
T	emale	White	WIDOWE	D DIVOR	CED 1	March 28.	1904	last birthday) 56 yrs.	Months D	Doys Hou	rs Min.
10a. U	SUAL OCCUPATION	ON (Give kind af work d	ane 10b.	KIND OF BUSINESS				country)	12. CITIZI	EN OF WHA	TCOUNTR
	ousewif	king life, even if retired)		Domesti	C	Maryla	and		Uş	S.A.	
13. FA	THER'S NAME	A A A				14. MOTHER'S MAIDE	N NAME				
	Georg	e Green				Emma H	[atfie]	Ld			
		R IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17. INFO	DRMANT		Add	ess		
(105, 10	o, or unknown)	(If yes, give war or dates of se	TVICE)		Ca	lvin L. H	Bloom,	Same	,		
18	. CAUSE OF DEA	ATH [Enter only one cau	se per lin	e for (o), (b), and (INTERVAL	BETWEEN
	PART I. DEA	ATH WAS CAUSED BY:	Ade	nocarcin	noma	- metast	atic			18 m	onth
	170 X	DUE TO	Pri	mary Ad	enocai	cinoma L	eft Br	east			
	Conditions, if o					Amputati			958)		
	gave rise to i	mmediate Dus TO	, ====								
	couse (a), stating lying couse last.	the <u>under-</u>									
CATION	PART II. OTI	HER SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. W/ PER YES	REORMEDZ
MATE O	0a. ACCIDENT WAR OR CONTRIBUTING F EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury	in Part I ar Pa	rt II of item 1B.)			
MEDICA!	C. TIME OF INJUI Hour a. m. p. m.	RY Manth, Doy, Yea	20d. IN While at wark	Not while at work	20e. PLAC focto	E OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (Cit etc.)	y or town)	(Co	ounty)	(Sto
21	1. I certify the	at (I) (this haspital) sed alive an Mal	attend	ed the decease 30 ₁₉ 60 _{, at}	ed fram A	igust 1	1949 , .to	larch 30 the causes an	, 19 <u>60</u> d an the), that (I date stat) (we) lo
	20. SIGNATURE	7516	0	5.		ATTENDING _	MED.	STAFF			22b. DATE
2	2c. PHYSICIAN'S NAME (Type)	M. McKend	dree	Boyek,	M. D.	22d. ADDRESS 9	830 Ma amascu	in Stre	et yland	•	-,00
230. B	BURIAL, CREMATIC REMOVAL (Specify	236. DATE THEREO		23c. NAME OF C		crematory gs Cemet		oward Co		aryla	stote) and
24. FU	INERAL DIRECTOR	'S SIGNATURE		ADDRESS		25a. i	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGI	NATURE	
C	Well Well	tz Win	fie	raeM bi	fland	DATE	DD 4 '60	0.11	9 H	Aug	

value . I day van I Back SIPPerson W. Inthosphilateles and value of the PORTE - MODEL - ALPINE - ALPIN To every the common of the com BESTYTE ... - 1-1-14-00 Poplet Springs Committee Co. Maryland A CARLO STATE OF A SHARE A STATE OF THE CARLO STATE

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03413

a. COUNTY				2. USUAL RESIDENC						
a. coo	MONTGOMER	I	MARYLAND	a. STATE MAR	YLAND	b. COUNT	MC)NIEG	ON DR	Y
b. CITY OR TOWN (If and give nearest town)		to RURAL C. LI	ENGTH OF STAY IN 16	1		porate limits, write	RURAL on	d give n	earest to	wn)
	BETHESDA		D.C.A.		SINGTON					
d. NAME OF HOSPITA	SUBURBAL 1		give street address)	d. STREET ADDRES	s 8 Murdo	ok Rd.			ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fii I vo	nst L'Y	Middle Dennis	Bowen	4. DATE OF DEATH	March Manth		Day 8		ear 9 60
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years sget birthday)	IFUNDER			ER 24 HRS
Male	White	WIDOWED	DIVORCED 🔲	Dec. 3,	1953	6 yrs.	Months	Days	Hours	Min.
Do. USUAL OCCUPATION	N (Give kind of wark	done 10b. KIND C	F BUSINESS OR INDUST	TRY 11. BIRTHPLACE (S	tate ar fareign o	ountry)	12. CIT	IZEN O	F WHAT	COUNTR
during most af warkin	g iire, even ii reiired)		Child	D	.C.			U.S	.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDE		4				
P	aul H. Bow	en		В	etty Jo	Wells				
5. WAS DECEASED EVI	R IN U. S. ARMED FO	PRCES? 16. SOCIA	L SECURITY NO. 17.	NFORMANT		Address				
es, no, or unknown)	(It yes, give war or dates of			Also read to	er - Par	al H. Bow	en			
In CAUSE OF DEAT	TH [Enter only one car	we see line to le	(h) and (c))					INTE	RVAL BETW	ech;
	H WAS CAUSED BY:	ose per line for (d)	111					ONS	ET AND DE	ATH /_
(3.0 t)	IMMEDIATE CAUSE (a) sulf	Recare	m				1	ulu	ulio
192100	DUE TO	7.11	. 10	. 0		(1) .	1	1 _	-	-
Canditians, If a		tores	gu pecky	a un las	ynx	Chewing	Gun	11/2	un	all
	liate couse (0		1	/	0			
gave rise to immed (a), stating the s	inderlying DUE TO						17			
(a), stating the cause last.	inderlying DUE TO)								
(a), stating the cause last.	(c		OUTING TO DEATH BUT I	NOT RELATED TO THE TI	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 1		
(a), stating the cause last.	(c	IDITIONS CONTRIB	D	NOT RELATED TO THE TI	RMINAL DISEAS	E CONDITION GIV	EN IN PAI			AUTOPSY PRMED?
(a), stating the cause last.	JER SIGNIFICANT CON	o liron	olitis				EN IN PAI		PERFC	RMED?
(a), stating the cause last.	JER SIGNIFICANT CON	o liron	chitis	Enter nature of injury in	Port I or Port II	of item 18.)			PERFC	RMED?
(a), stating the cause last. PART II. OTH 20a. EXTERNAL CAL PRIMARY 🗀 ar COO CAUSE OF DEATH.	JER SIGNIFICANT CON ACCE SE O SEE WAS VIRIBUTING TA 20	DITIONS CONTRIB	olitis INJURY OCCURRED. U Tocled Chi OCCURRED. 200. PLA	Enter nature of injury in	Port I or Port II	of item 18.)	rgle		PERFC	NO [
(a), stating the cause last. PART II. OTH 20a. EXTERNAL CAL PRIMARY ar COO CAUSE OF DEATH.	JEER SIGNIFICANT CON ACCE SA VIRIBUTING TA Y Month, Day, Ye	Ob. DESCRIBE HOW OF THE TOTAL CONTRIBE OF T	roccurred 200. PLA Not while 2	Enter nature of injury in	Port I or Port II	of item 18.) Cle Coc or town)	rgle	ug	PERFC	NO [
(a), stating the cause last. PART II, OTH 20a. EXTERNAL CAL PRIMARY are CON CAUSE OF DEATH. 20c. TIME OF INJUE Hour p. m.	JEER SIGNIFICANT CON JULE A JULE	A LA CONTRIBE A LA CONTRIBE Ob. DESCRIBE HOW OF 200/INJURY While of work	rolled Chi roccurred 200. Pla Not while of work	Enter nature of injury in Out You get the CE OF INDEX (Home, lary, street, affice bldg., Ver experience of the control of th	Port I or Port II	of item 18.) Ell Coc or town) www.dta	More)	car grants	PERFO YES K	(Stote)
(a), stating the cause last. PART II. OTH 20a. EXTERNAL CAL PRIMARY ar CON CAUSE OF DEATH. 20c. TIME OF INJUE Hour p. m. 21. I certify th	IER SIGNIFICANT CON ACCE SE SISE WAS STRIBUTING TA Y Month, Day, Ye March 8 19 at I taak charge	A LIC CONTRIBE A LIC COOL Ob. DESCRIBE HOW Or 200/INJUR While of work e of the rema	OCCURRED 200. PLA Not while of work	Enter nature of injury in Act 2009 (Plane) (Plane) ory, street office bldg.	Port I or Port II AN WA Form, 20f. (Cit; etc.) Apsy A. I	of item 18.7 Elle Coc or town) Lamaton aspection [,	Mord Inqu	car grants	PERFO YES K	(Stote)
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Ca), stating the cause last. PART II, OTH 20a. EXTERNAL CAL PRIMARY II or CON CAUSE OF DEATH. 20c. TIME OF INJUIL Hour m. p. m. 21. I certify th death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22c. BURIAL CREMATIO	JEWAS 19 TOTAL STATES AND THE THERECE INTERIOR STATES AND THE THERECE INTERIOR STATES AND THE THERECE INTERIOR STATES AND THE	A LIC CONTRIBE HOW CLASSING TO 2004/INJURY While of the remacauses	OCCURRED 200. PLA Not while of work ins described abo Accident X, Sui	CE OF INJULY Home, ory, street, affice bldg., we, held an Autocicide , Homicompany, Chief MEDICA ASSISTANT ME	Port I or Port II AN WA form, 20f. (City etc.) Ipsy M. I ide, U L EXAMINER DICAL EXAMINER [of item 18.) Cle Coc or town) complete aspection [], addetermined c	Mord inqui	ang pyntys Gran Ty]	PERFCYES A	(Stote)
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(a), stating the cause last. PART II, OTH 20a. EXTERNAL CAL PRIMARY ar CON CAUSE OF DEATH. 20c. TIME OF INJUST Hour p. m. 21. I certify th death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20c. BURIAL CREMATIO	IER SIGNIFICANT CON March La 2 VITRIBUTING DA 2 VITRIBUTING DA 19	A LICOCONTRIBE HOW CONTRIBE HOW CODE OF TEACH	OCCURRED 200. PLA Not while of work Accident X, Sui	CE OF INUEY Home, on street of an Autocide , Homiconda, Chief Medica. ASSISTANT MEDICA. CREMATORY	Port I or Port II AN WA form, 20f. (City etc.) Ipsy M. I ide, U L EXAMINER DICAL EXAMINER [of item 18.) Cle Coc or town) conception [], indetermined co	Inquicause [grands of the control	PERFOYES D	(Stote)

. . . THE STREET HAS BEEN ASSESSED BY MINE WAS A STREET, WHEN WE Library Briefler CONTRACT OF THE PARTY OF THE PA El monte a direct 51270 4 7 . . Settly John Colle Tether in Paul H, Loren

2597 CERTIFICATE OF DEATH 03414

000%	QUICTIT 14.		Re	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Montgomery		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Be thesda		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda		
d. NAME OF HOSPITAL (If not in haspital, give stre	pital	d. STREET ADDRESS	ghland Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle		4. DATE Month	Day Year
(Type or print) Bessie	G.	Britton	DEATH 3	3 1960
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housewife	0b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	10 0 - 5	14. MOTHER'S MAIDEN NA	ME XA ()	2 1
THE STWAKE G	AK DER	-a1	1/ 1/1/2	166
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	USBAND -	SAME as	Above
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying couse last. C. PART II. OTHER SIGNIFICANT CONDITION	Congestare tentate Corci	Heart fack	Lan Spine	ONSET AND DEATH MONTH 5 YRS 10 /2 1/23 IN PART 1(a) 119, WAS AUTOPSY
CATIO	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	PESCHIBE HOW INJUNT OCCURRE	D. (Enter hatore of injury in 70	in For fair in or new 10.)	
Hour a.m. Wh	f.	ACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State
21. I certify that I attended the dece alive an AR	,		A, fram the causes and a DDRESS (Street, city or town, state of Bartus	DATE SIGNED
22a. 8URIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or co	
Burial 3/8/60 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Cemetery	Washington. BY REGISTRAR 24b. REGISTRA	D C AR'S SIGNATURE
Robert A. Pumphrey		aryland DATE MAR		1 S. Thank

filled in by the funeral director, yes I and 2 should be filed with be retained by the hospital or attending physicion.

The low requires that the death certificate be executed by the hospital or attending physicion.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complex page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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thin 24 hours ofter death. Page 4

VS A15 (4) 15M 9/58

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Page 4	director,	led with	
that the death certificate be executed within 24 hours ofter death. Page 4	by the attending physician and camplerery filled in by the funeral director,	dolla be il	
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certifice	ng physi	72 hour	
the death	e attend	 Ihen please remove carbon pope event within 72 hours after death. 	
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		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Mantagmery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mar Vand b. COUNTY Mon toemers
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton, Silver Spring 4 days	c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nyarest town) 565, Iver Spring
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION, Wheaton Nursing Home	1d. STREET ADDRESS 8818 First Ave 6. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
3.	NAME OF DECEASED (Type or print) Alice Mahe! Brower	Lost 4. DATE Month Day Year OF DEATH March 20 1960
	Female White WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 28 1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Min. Months Days Hours Min. Min. Months Days Hours Min. Min.
L	during most of working life, even if retired) Own home	Washington D.C. U.S.
13	Walter S. Brown	Minnie Hunter
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	MATGGRET BLUCY Silver Spring Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Thrombons Internal BETWEEN ONSET AND DEATH Thrombons have (16) 3 / 2
-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO (c)	solerosis ?
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. PL While Not while of work 0 twork 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram Algorithm alive an 1960, and that death	accurred at 10,10 fM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE	M.D. 3055-162 SI.N.W
27	PHYSICIAN'S NAME (Type) IRWIND I YAGER 9. BURIAL CREMATION 22b. DATE THEREOF 22C NAME OF CEMETERY OF	Washington 9 Dic
L	BURIAL Specify 3/23/60 FT. LINCOLN C	CEMETERY PRINCE GEO. COUNTY, MD.
23	FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPRING KOLLMANDER	NG, MD. DATE MAR 2 2 '60 Carthur S. Kraye

VS A15 (4) 15M 9/58

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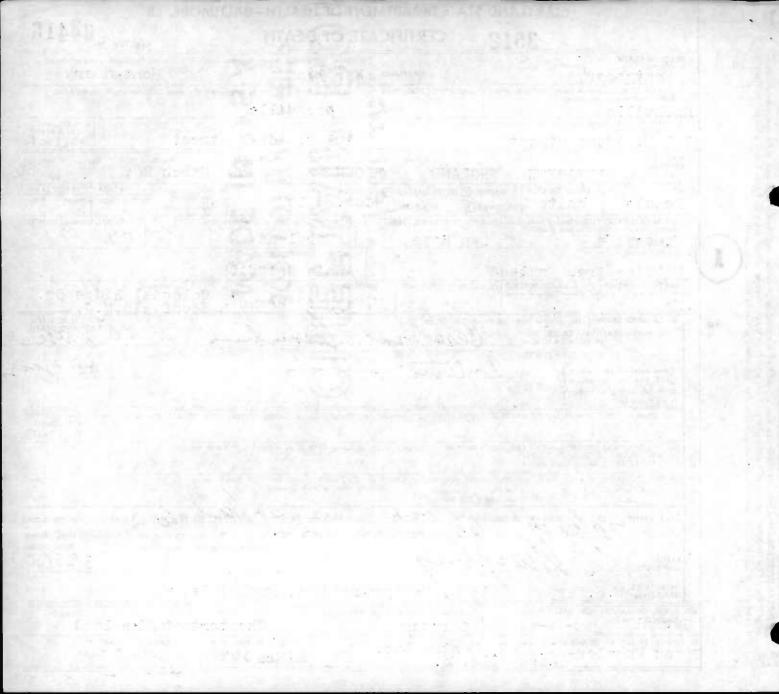
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3512 CERTIFICATE OF DEATH

Reg. Dist. No. 3416

1. PLACE OF DEATH a. COUNTY Montgo		MARYLAN	II a STATE	ENCE (Where decease	d lived. If institut b. COUNTY	ion: Residence bei Montgom	fore odmission	n)
	V (If autside carporate limits, wri	c. LENGTH OF STAY IN 1	b c. CITY OR TO	OWN (If outside corpo	prote limits, write I	RURAL and give n	earest town)	
Rockvill				kville				
OR INSTITUTIO	SPITAL (If not in hospital, give str	eet oddress)	d. STREET AD				e. IS RESIDI	
101 N. A	dams Street		101 N	. Adams	Street		YES 1	
3. NAME OF DECEASED (Type ar print)	First ELIZABETH	Middle ENGLAND	BROWN	4. DATE OF DEATH	March		Pay Yes	60
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
Female	7.71- 4 4-0	OWED T DIVORCED	1004 25	1875	last birthdoy)	Months Doys	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work done)	06. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State or foreign o	country)	12. CITIZEN C	OF WHAT COL	UNTRY?
Housewi	vorking life, even if refired)	Own Home	Mar	yland		USA		
13. FATHER'S NAME		01111 1101110	14. MOTHER'S A					
William	Trew Englan	d		Griffit	h			
		16. SOCIAL SECURITY NO.	INFORMANT	GITTITO		Iress		
(Yes, no, or unknown)	(If yes, give war or dates of service)	None	W.Maynar	d Brown 4	8 Colon Haddonf	ial Rid	lge Dr	3.
	DEATH [Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Trine forg(o), (b), and (c).]	eler	omlu		0,1	TERVAL BETWISET AND D	rean EATH Pla
gove rise to couse (o), stating lying cause las	immediate DUE TO							
PART II. C	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO	HETERMINAL DISEAS	E CONDITION GI	VEN IN PART 1(o)	19. WAS AU PERFORM YES 1	VED5
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING ☐ 20b. ENG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of	injury in Part I or Po	t II of item 1B.)			
WEDICAL STATE OF INJ	n. Wh		PLACE OF INJURY (He foctory, street, office		y or town)	(County	')	(Stote)
alive an	that I grended the dece The work of the second of the sec	and that dec	nth accurred at some n.b.	ADDRESS (S	the causes ar	state)	e stated o	bove.
220. BURIAL, CREMAT BREMOVAL Speci		22c. NAME OF CEMETERY Chester	Y OR CREMATORY		tion (City, town, tertown		(State)	
23. FUNERAL DIRECTO	or's SIGNATURE 1331 E	Montg. Ave		ATE MAR 3 0		STRAR'S SIGNATU		



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certificate, writing the word "pending of to the Chief Medical Examiner's Of AL DIRECTOR: Page 3 should be used

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Md. Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) davs Olney Ijamsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Montgomery Co. General YES NO TH NAME OF Middle 4. DATE Month Year DECEASED Mc Sherry Burgee March 60 Ralph (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours 1/21/03 Male white WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Public School Md. USA Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mc Sherry Burgee Nettie Day 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-22-7627 No Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) - U == == 0 = DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO IX 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 1000, to Tues 5, 1960, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram.__ . 19 . and that death accurred at OA.M., from the causes and an the date stated above. saw the deceased alive an... 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR -PHYS. 60 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) . McKendree Boyer 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) BUPTAL (Specify) Frederick, Maryland Mount Olivet Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE Hyattstown, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 1 0 '60

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SNERAL DIRECTOR: After this

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

RURAL and give neorest town)

1. PLACE OF DEATH o. COUNTY

No

3527

Montgomery

Charles Forsdick

b. CITY OR TOWN (If autside carporate limits, write

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-	2/21/00 a Calcia					
2.	USUAL RESIDENCE (Where deceased	lived.	If institution	: Residence	before	admissi
	o. STATE Maryland	Ь.	COUNTY	Mont	gom	erv

- LL	1202	20 00 2 00	11011100011110
ь	c. CITY OR TOWN (II	autside carporote limits, wri	te RURAL and give nearest town

Bethesda

MARYLAND

Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS

c. LENGTH OF STAY IN

OR INSTITUTION 5015 Del Ray Avenue

5015 Del Ray Avenue

e. IS RESIDENCE ON A FARM? YES NO NO

> PERFORMED? YES NO

> > (Stote)

SIGNED

(Stote)

3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Man	th	Do	у	Year
DECEASED (Type or print) 5. SEX Female 100. USUAL OCCUPATION	Nell		F	Butler	DEATH	Mar	ch	123	12	19 60
5. SEX	6. COLOR OR RACE	7: MARRIED	NEVER MARRIED	8. DATE OF BIRTH			IF UND	R 1 YEAR	IF UND	R 24 HRS.
Female		WIDOWED 2	DIVORCED [10/6/1882	200	77 yrs.	Menths 5	Days	Hours	Min.
	ON (Give kind of work king life, even if retired		OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote of		ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?

Housewite England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Cunningham-daughter-same as 2d None

CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY MYO CONSTITUTE CAUSE TO	inforción	72000
420,0 DUE TO Corovar	ordunon	Vidor
gave rise to immediate cause (a), stating the under. ying couse last. DUE There are the the the under the	eart ducine	2+41
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) (County) factory, street, office-bldg., etc.) Haur a. m Not white of work of work

21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on M, from the causes and an the date stated above and that death occurred at

220. SIGNATURE ATTENDING PHYS. M.D. 22c. PHYSICIAN'S

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify)

Prince George Co. Md. Fort Lincoln Cemetery

5/60 Burial 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR Pumphrey Bethesda, Maryland

25b. REGISTRAR'S SIGNATURE DAMAR 1 6 '60 arthur & Knows

page 3 sha the State B VR A15 (4) 15M 9/59

Board of Health

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	Principle and Capital	, in Estimat	Warner A. Premourey	

VS A15 (4) 15M 9/55 3528

CERTIFICATE OF DEATH

Reg. Dist. No. 03420

1. PLACE OF DEATH, o. COUNTY	entermen	A CA MARYLAND	2. USUAL RESIDENCE (W o. STATE		If institution: Resident COUNTY	ce befare admission)
b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, write rest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate lim	nits, write RURAL and g	give nearest town) 4-7x-3
d. NAME OF HOSPITA OR INSTITUTION	(If not in Espiral Diversides	Sanit.	d. STREET ADDRESS	296	1. 11-A1.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mabel 7	Frank B	attent	4. DATE OF DEATH	Month	Day Year
5. SEX_ FCM2)C	6. COLOR OR RACE 7. MARE	ED DIVORCED DIVORCED	B. DATE OF BIRTH	870 89	(In years birthdoy) Months yrs.	1 YEAR IF UNDER 24 HR Doys Hours Min.
0a. USUAL OCCUPATION during most of working	(Give kind of work done 10b. ng life, even if retired)	forseguele	STRY 11. BIRTHPLACE (State	or foreign country)	12. CIT	IZEN OF WHAT COUNT
13. FATHER'S NAME THO	mpson 9	Inchles	14. MOTHER'S MAIDEN	alla .	Ives	
	yes, give wor or dates of service)	social security no. 17. 1	725-29th St	ILLA West	hington,	DC
	H [Enter only one couse per line NAS CAUSED BY:	Bunchofin	lunania			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if an gove rise to im cause (a), stating the	mediote (eneralized a	artemordes	vsis "		Yrs
CATIC	r SIGNIFICANT CONDITIONS of Practice of		ucent			T 1(0) 19. WAS AUTOPS: PERFORMED? YES NO [[
20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY			ACE OF INJURY (Home, farm			
20c. TIME OF INJURY Hour a. ji. p. m.	While	k at work	ctory, street, office bldg., etc	c.)		County) (Stole
	of lattended the deceased the d	/	accurred at		causes and an they or town, stote)	last saw the decea he date stated aba DATE SIGN
	Cobert T. Ke	lley		,		
220. BURIAL, CREMATION REMOVAL (Specify) Removal	3/6/1960	22c. NAME OF CEMETERY O	R CREMATORY		ity, tawn, or county) r, Ohio	(State)
23. FUNERAL DIRECTOR'S The S. H.	SIGNATURE Hines Co.29	ADDRESS 01-14th St			24b. REGISTRAR'S SIG	11

SASO PER DEATH		
	STATION	
		ACT CONTRACTOR ASSESSMENT
		THE RESERVE OF THE PARTY OF THE
		TOWN THE PROPERTY OF
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If any delay is necessary, please exemental director. Page 4 shauld be your files. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exercise the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to find meral director. Page 4 shauld be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 each 2 with the registrar prior to burial, cremation. 3529

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3421

	o. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. STATE
1	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town)	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest lown) Clashus Lar
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kennery & Dlane Rde	d. STREET ADDRESS S 2 44 4 4 4 5 St N. W YES NO D
	3. NAME OF First Middle DECEASED (Type or print) Warren Fanklen (Bynck DATE Month Day Year OF DEATH March 3 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	12-24-91 (at birthday) Months Days Hours Min.
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? M. S. C.
	13. FATHER'S NAME WM Bysch	Jally Sterling
	15. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN YES UN T 15. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. IN 18. WAS DECEASED EVER IN 0. S. ARMED FORCES? 18. IN 0. S. ARMED FORCES.	FORMANT Address N. Demine St. Parish St.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Pullmonar	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying DUE TO DUE	insufficiency
	couse lost. (c) Coronary un	OT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY REFORMED? YES DO NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY REFORMED? YES DO NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY REFORMED? YES DO NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY REPORTED.
		ter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor p. m. 19 of work of work 19	E OF INJURY (Home, form, 20f. (City or lown) (County) (Slote) ry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above death resulted from: Natural causes ✓, Accident ✓, Suice	
	SIGNATURE Frank J. Brownhaut	M.D. CHIEF MEDICAL EXAMINER D
1	EXAMINER'S FLANK J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
		CREMATORY 22d. LOCATION (City, town, or county) (Stote) dist Church Cem., Crisfield, Maryland.
	ROBERT A. PUMPHREY, Bethesda, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

John Johnson by Sil		Transcription of the same	
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	0000	CERTIFICA	AIL OF DEATH			Reg. Dist. No	
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased		n: Residence befo	ore admission)
o. COUNTY Mon	tgomery	MARYLAND	o. STATE aryla	nd	b. COUNTY	M ontgo	omery
b. CITY OR TOWN	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ote limits, write RL	JRAL and give ne	earest town)
RURAL ond give		68 Hrs.	56 Sil	ver Spr	ing		
d. NAME OF HOSP	PITAL (If not in hospital, give str		d. STREET ADDRESS				e. IS RESIDENCE
OR INSTITUTION		spital	3939 Isbe	lle St			ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	th D	ay Yeor
(Type or print)	Mary	M B	yrne	DEATH	M a	arch 7	19 60
S. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9	P. AGE (In years lost birthdoy)		R IF UNDER 24 HRS
Female	White WID	OWED DIVORCED	7/6/14		45 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou	intry)	12. CITIZEN O	F WHAT COUNTRY
House	orking life, even if retired)		Berryvill	e. Vira	rinia	U	.S.A
3. FATHER'S NAME	TALLE .		14. MOTHER'S MAIDEN				
m, . 3	Wantagas	Whiting	Lelila	Smith	1		
Thadeu	VER IN U. S. ARMED FORCES?		INFORMANT	EMILE OF	Addr	ess	
{Yes, no, or unknown}	(If yes, give war or dates of service)		ashand Take	T Deserve	on (Com-	oc ohom	(0)
Yes	Wac Army		usband John	J. Byrr	ie (Same	as abov	
	EATH [Enter only one cause po	er line for (o), (b), ond (c).		no 1			TERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:	1 donner	eorna 1	cer	1- Read	serve	600
1511	IMMEDIATE CAUSE (o)	Cycon, -			1		
134	^						
Conditions, if							
couse (o), stoting	g the under-						
lying couse lost	_ / /						
PART II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3							YES NO
PART II. O	VAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port	II of item 18.)		
(IF EITHER, NOTIF	IG CAUSE OF DEATH Y MEDICAL EXAMINER)						
20c. TIME OF INJU	JRY Month, Day, Year 20	d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, for	m, 20f. (City	or town)	(County	(Stote
Hour o. m.	19	IIII THOI WILLIA	octory, street, office bldg., et	c.)			
≥ p. m.	. " 01	work ot work		1. 2. 21	5 /2		
21. I certify	that I attended the dec	eased from	1952 to	unon	1960	that I last sa	w the deceased
alive an	ench 7	9 60 , and that deat	accurred at 7.30	M, fram t	he causes an	d an the dat	e stated abave
	001	0			eet, city or town,		DATE STONE
ACTUAL	U to	Ke. 2104.	M.D. 13000	7 50	. Ors.	12/-) my
SIGNATURE		7	.m.u.	1		-6	3/7/60
PHYSICIAN'S NAME (Type)	A T Make		1300 Ge	olgia	Ave. S:	ilver S	pring
	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY C			ON (City, town, o	or county)	(Stote)
Burlat Specif	3/11/60	Arlington				Virgini	
23. FUNERAL DIRECTO		ADDRESS 75 5	7	D BY REGISTR		STRAR'S SIGNATU	
Robert A	Pumphrey	Darhaeday Ma	rar and			Thur S. Kes	
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VS A1S (4) 15M 9/S8

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rs ofter death.

CERTIFICATE OF DEATH

Reg. Dist. No.

/		PLACE OF DEATH D. COUNTY	Montgomery		MARYLAN		o. STATE West V		b. COUNTY	an: Residenc	e befar	re admiss	ian)
	E	b. CITY OR TOWN RURAL and give r	If autside carporate limits	, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF			URAL and g	ive nea	rest tawn	12
		Bethesda			67 days		Point	Pleasa	nt		8) X -	-0
0	9	The Clini	TAL (If not in hospitol, given cal Center,	Beth.	nesda 14, Md.		d. STREET ADDRESS Route	#2	N.	100			FARM?
		NAME OF DECEASED	First		Middle		Last	4. DATE	Mon	th	Day	у ,	rear .
		(Type ar print)	Clay	ton	Jay		Byus	DEATH	Marc	h	1.5		19 60
	5. 9	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	_		
		Male	White	WIDOW	ED DIVORCED		une 5. 195	0	9 yrs.	Months	Days	Haurs	Min.
	10a	USUAL OCCUPATI	ON (Give kind of work de	one 10b.	KIND OF BUSINESS OR II				auntry)	12.CITIZ	ENOF	WHATC	OUNTRY?
		Student	rking life, even if retired)		None		West Vi	rainia			II.	S. A	
	13.	FATHER'S NAME			110116	1	4. MOTHER'S MAIDEN				0 . 1	U - A	•
		Jerry Rob	ert Byus				Mary E.	Jacobs					
		WAS DECEASED EV	ER IN U. S. ARMED FORC		SOCIAL SECURITY NO.	INFO	The Med	dies!	Record Add	ress		K P	- 11
	1	No	In yes, give war or dates or so.		None	The	Clinical	Center	Retheads	7/10	Mar	vlan	4
		18. CAUSE OF DE	ATH [Enter only ane cou	se per li	ne for (o), (b), and (c).]				3200110002		INTE	RVAL BE	TWEEN
		PART I. DE	ATH WAS CAUSED BY:	Mas	ssive G. I.	hemo	rrhage				2	days	DEATH
		204	IMMEDIATE CAUSE (o)	Meri	parte d. T.	1 CHIO	1 mage				-	way L	
		07,	174 \	Acr	ute lymphocy	Hin	loukomie				1	vear	
		Canditians, if a	immediate (D)	AC	nce Thubuoch	OTC.	Tenventa				-	year	
		cause (a), stating											
	z	lying couse last.	, (c).	ITIONIC (CONTRIBUTING TO DEATH	014 7140	T DELATED TO THE TERM	AINIAI DICEAC	E COMPITION OF	CALIAL BART	74-1/71	D VAVAC	ALITOREY
)	CERTIFICATION			IIIONS	CONTRIBUTING TO DEATH	BUTNO	T RECATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PARI	1(0)	PERFO YES 🎦	RMED?
		OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	POB. DES	CRIBE HOW INJURY OCCU	JRRED. (I	inter noture af injury in	Part I ar Par	rt II af item 1B.)				
	MEDICAL	20c. TIME OF INJU Haur 5. m. p. m.	RY Manth, Doy, Year 19	While	NJURY OCCURRED 200 Nat while k at work	e. PLACE foctory	OF INJURY (Hame, for , street, affice bldg., et	m, 20f. (City	y ar lawn)	(C	aunty)		(State)
		21. I certify t	hat I attended the	deceas	ed fram Janua	ry 8	, 19 60 ta 1	March]	15 19 60	that I las	st saw	the d	eceased
		6.4	rch 15.		60, and that de								
		GILLO GILLIAN	Λ Δ	^	use, and mar de	dill de	conted diggs		treet, city ar tawn,		daic		E SIGNED
		ACTUAL /	Tation P	1-	Clare da	M.D	The Cli	nicel	Center			3/1	5/60
		SIGNATURE	troum I	Co	Commerc_	M.D			itutes of	F Hoal	+ h	24.4	21_90
		PHYSICIAN'S NAME (Type)	RTHUR R. RO	гнмат	N. M. D.				Maryland	Linear	, 011		
	220	-	ON, 22b. DATE THEREOF		22c. NAME OF CEMETER	- OR C			TION (City, tawn,	as county)		(State	
	5%	REMOVAL (Specify		60	ZZC. NAME OF CEMETER	A A	EMATORT	dent	Please	nt 1	102	st	Va
	23.	FUNERAL DIRECTO	S SIGNATURE	1.1	ADDRESS	Die	2/D (240. REC	'D BY REGIS		STRAR'S SIG			
	1	W. Clie	unberso	14	30 Chapins	77	W. DATE	AR 1 7 '6	60 C	than S.	Krau	A.	
	-						-						

may etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fined in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fined in by the funeral director, TO FUNERAL DIRECTOR: Pages I and 2 should be filled with 24 haurs after death. Page 4 SITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within page 3 should be detached for use as the burial-transit permit. Then please remails the registror priar to burial, cremation, or removal, and in any event within 72 had TO HOS

VS A15 (4) 15M 9/5B

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	e	remule Services Company	AL december 15,
	The Oblinion I sended The Market Court Twocop of Database III, Mary Lond I		OF THE PROPERTY OF THE PARTY.

CONTRACTOR STATE OF THE STATE O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (3424

П	1. PLACE OF DEATH				2. USUAL RE	SIDENCE (Where	deceased live	d. If Institut	ian: Residence	before adm	ission)
	county	mexu		MARYLAN	D O. STATE	D. O		b. COUNTY			1
		outside corporate limit. write	RURAL C. LE	NGTH OF STAY IN 1	c. CITY OF	TOWN (If outside	le corporote	limits, write	RURAL and gi	ve nearest to	wn)
1	Takom	Park	, 3	DOA.	luc	Lshin	aton	Do		47×	. 3
		AL OR INSTITUTION (II	not in hospital, g	give street address)	d. STREET		1				ESIDENCE
	Washin	atom Sa	nitari	um + Ho	SID . 7 4:	21 Bla	iR 1	rd	NLI		A FARM?
ı	3. NAME OF	First		Middle	Los	1 4. D	ATE	Month	1	Day	fear .
	-DECEASED (Type or print)	Paul	Her	berT	Cam	13 .	ATH //)	arch	7	/ 1	960
ł	5. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT	+	9. AG	E (In years birthday)	Months Do		ER 24 HRS.
	17]	W	WIDOWED	DIVORCED	19-10	0-95	6	4 yrs.	monna Do	rs nours	min.
	dying THE PRESIDENCE	Mil VALI (AFriced)	FISHER		ISTRY 11. BIRTHPI	LACE (State or far	nd-		12. CITIZEN	S A	COUNTRY
	13. FATHER'S NAME		0		14. MOTHER'S	MAIDEN WAME					
	Hub	erT	Lan	Np.		mari	NE	Dix	130	-DI	xon
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		L SECURITY NO. 17	. INFORMANT		0	Address	7		
	res	WWI	ye.	8	MrsE	lizab	eth!	C. (Lam	b.	
		H [Enter only one cous	e per line for (o),	(b), ond (c).]		1			1	NTERVAL BETWO	EEN: ATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Coro	vary o	Etlus	m	- 4			Rue	Leur
	420.	DUE TO		1							
	Conditions, if or			V	100		Physical Prince		1935		
	gove rise to immed (a), slating the u										
	cause lost.) (c)_									
	PART II, OTH	ER SIGNIFICANT COND	ITIONS CONTRIBU	UTING TO DEATH BU	T NOT RELATED TO	THE TERMINALD	ISEASE CON	DITION GIVE	N IN PART 1		AUTOPSY RMED?
4	CAT									YES 🗌	NO Z
	PART II, OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	SE WAS	DESCRIBE HOW	INJURY OCCURRED.	(Enter noture of in	njury in Port I or I	Part II of item	18.)			
	3 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY		LACE OF INJURY	Home, form, 120f	. (City or tow	m)	(County)	(State)
	20c. TIME OF INJUR Haur o. m. p. m.	19	While of work	Not while of work	octory, street, office	bldg., etc.)					
		at I took charge			nove held an	Autoney [Inspec	tion 🔀,	Inquiry	X, and	Carl Abas
		from: Natural o	F-70			lomicide [],		rmined co		A, dild	isna inai
	ACTUAL S	7	0							DATE S	IGNED
d	SIGNATURE	mus y	I No.	expair	m.D.	MEDICAL EXAMIN					101110
1	EXAMINER'S NAME (Type)	FLANA .	J. 1310	schart		MEDICAL EXAMI		3-	-/-	les	
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF		AME OF CEMETERY			LOCATION (City, Iown, or	r county)	(State	e)
	CREMATION"	3/3/60	FT.	LINCOLN	CREMATORY	PF	RINCE	GEO. C	OUNTY,	MARYL	AND
	23. FUNERAL DIRECTOR"			DORESS		24a. REC'D BY R	EGISTRAR	24b. REGIST	TRAR'S SIGNA	TURE	
1	MARNER E.	FUNITHHEAY.	NC. S	ILVER SPR	ING, MD.	DATMAR 3	'60	Line	un d. The	144.23	

VS. A15ME(S) 5M 9/55

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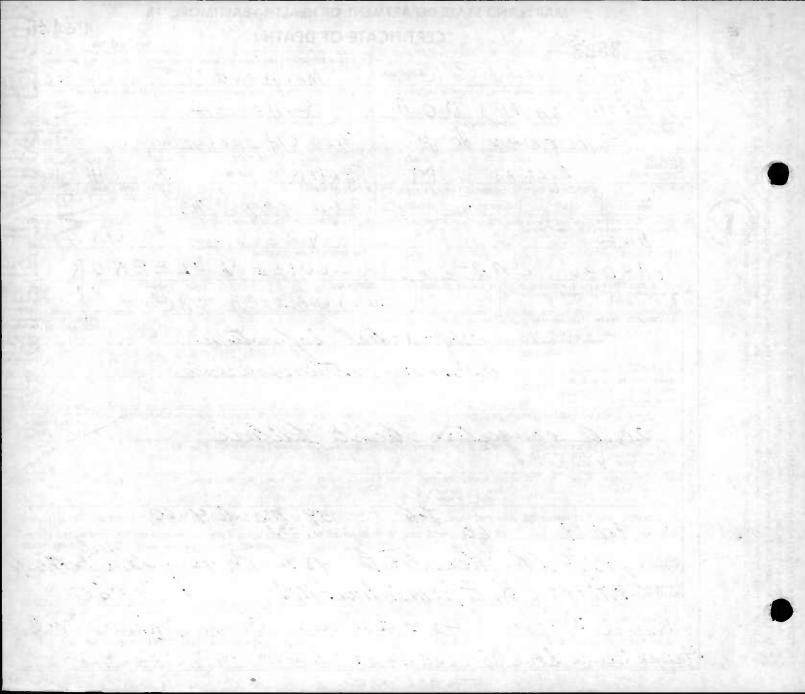
VS A15 (4)

15M 9/5B

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SEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary, please exe-	the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the		UNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 🌶 with the registrar priar to burial, cremations
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	COUNT						Keg. Dist. I	40.
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceas			before admission)
	tgomery		MARYLAND	o. STATE Mary	land	b. COUNT	Montgo	merv
b. CITY OR TOWN (It outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside corp	porate limits, write		
	hesda		D.O.A.	57 Beth	ahza			
		f not in hos	pital, give street address)	d. STREET ADDRESS	S Fige			e. IS RESIDE
	urban Hospi	tal		9412 Locus	st Hil	1 Rd.		YES NO
3. NAME OF DECEASED	Fire	it	Middle	Last	4. DATE OF	Manth	Do	y Year
(Type or print)	Harold		Horace	Chadwick	DEATH	3	1	6 1960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost builday)	The second second	R IF UNDER 24
Male	White	WIDOWE	DIVORCED [Oct. 18. 18	88	71 yrs.	Months 20gys	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work on life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDUS			ountry)	12. CITIZEN	OF WHAT COUN
Railroad I			Retired	Illinois			U.S	
13. FATHER'S NAME	III III		<u> </u>	14. MOTHER'S MAIDEN I	NAME		U.	
Horace Cha	adwi ck			Anna E. E.	Arrama a			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	Iwarus	Address		
(Yes, no, or unknown) NO	(It yes, give war or dates of s	ervice)	es-Unknown	rie E. Chadw	ick -		fe 2d	1
18. CAUSE OF DEA	ATH [Enter only one coun	se per line :	for (a), (b), and (c).]				IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:		Coronary	occlusion				Sudden
1120	DUE TO		Corollary	OCCIUSION				daden
Canditians, if	/						5	
gave rise to imme	diate cause							
(a), stating the							36 20 A	
	J (c). HER SIGNIFICANT COND	OITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAI DISEASE	CONDITION GIV	FN IN PART 1/a)	10 WAS AUTO
OTATION			J. Contraction of the contractio	NO. KEDIED TO THE TERM	TALDISEASE	. CONDITION ON	LIN IIN FAKI I(O)	PERFORMED YES NO
PART II. OT	USE WAS 201	o. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I or Port II	of item 18.)		
	IRY Month, Day, Yea	r 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City	ar town)	(County)	(Sto
20c. TIME OF INJU	19	While of wa	Not while fac	tary, street, affice bldg., etc.	.)			
-			emains described abo	ava hald as Autos			1	F1 1 C 1
	from: Natural	-		icide , Homicide	- Barriera -	spectian 🔀, idetermined c	Inquiry D	☑, and find
	1		1013991213					
ACTUAL SIGNATURE	trand 1.	Bus	rehart	M.D. CHIEF MEDICAL EX	CAMINER			DATE SIGNES
SIGNATURE		377	-0-000	ASSISTANT MEDIC				
EXAMINER'S NAME (Type)	Frank J. B	rosc	hart	DEPUTY MEDICAL			3/	/17/60
220. BURIAL, CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY OF			ION (City, town, o		(State)
Cremation		50	Cedar Hill	Crematory	Suit	tland.	Marvla	nd
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	240. REC'	D BY REGISTI		TRAR'S SIGNAT	
Robert A.	. Pumphrey	т Ве	thesda, Mar	yland DATE N	IAR 1 8 '	60 0	athun S. H	west.

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ADDRESS

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR MAR 3 0 '60

DATE

VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

Company of the state of the sta Congress demis 2000 to 2 conto 2 correct YOUNG WILL STRUCT SES PLASSIFIED TO WWY PLOY SCHOOL AVOCALD ST. PURSUE TINE FARE STREET, TAISE STREET ENOUGH IL AGRAMA Sheren January and Linkson Religion of Language Control of the Con

X	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or removal, and index events within 72 hours after death.	
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Diease	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in the verse, within 72 hours after death.	
D 4	R .	

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF OF MEDICAL FXAMINER'S CERTIFICATE OF DEATH

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-										
	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Whare o	deceased lived, If		sidence befo	e edmission)
100	Montgo	montr		MARYLAND	_	5~2			MONTE	
	b. CITY OR TOWN (if		ts.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			Montgo		lown)
		give neerest town)	,	c. Editorii or divit iit ib	C. C	11 04/3/04 00/	portare minus, with	a KONTE and	9114 114414	,
	Olney			15 minutes	Bunto	nsvill	0			
		AL OR INSTITUTION	if not in hos	pitel, give street address)	d. STREET ADDRESS					RESIDENCE
			-	** * * * * * * * * * * * * * * * * * * *						N A FARM?
	Montgomery		neral	Hospital						NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Montl	1	Day 1	ear
	(Type or print)			01		DEAT	Н 7//	-1-	25 1	9 60
F	SEX	James		Un	robot	1	9. AGE (In years		<u></u>	DER 24 HRS.
3.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH		lest birthdey)		evs Hours	
1.7	Male	White	WIDOWE	DIVORCED T	3/25/1900		60 yrs.	Molistis	eys Hours	Min.
10a	. USUAL OCCUPATION		10b. K	IND OF BUSINESS OR INDUSTI		or foreign co		1 12. CITIZ	EN OF WHA	T COUNTRY?
	ne during most of wor			n. Const.			,			
	Carpen	ter	40	11. 0011000	Marylan	d		U	. S. A	•
13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
	Law	rence Chi	robot		Ur	ıknowr	1			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
11	MQ, or aurown)	707814 a Mai Oi Oalo3013	5	78-09-1348	Mabel Chrob	ot (wi	fe) Runt	onsvil	Te. ild	
/-	10 CHILCE OF DI	PRTH Hater only one	anusa nan l	ine for (e), (b), and (c).]	TIADET OTTOO	OO, (WI	re) Dur	OIIOATT	LINTERVAL	
			cause per i	me for (e), (b), and (c).)					ONSET AN	
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CERTIFICATION	20a. EXTERNAL CA	USE WAS 2	Ob. DESCR	BE HOW INJURY OCCURED.	Enter natura of Injury In Pa	rt I or Part II o	of item 18.)			
ERT	PRIMARY or COI	NTRIBUTING 🗆								
	CAUSE OF DEATH.									
WEDICAL	20c. TIME OF INJUR	RY Month, Day, Ye			CE OF INJURY (Homa, fare	m, 20f. (Ci	ty or town)	(Coun	ly)	(Stata)
0	Hour a.m.		While at wor	TAOL ALUMA	tory, streat, office bldg., at	F•/ j				
Z	p.m.	19					<u></u>			
	21. I certify the	at I took charge o	of the rem	ains described above, he	eld an Autopsy	Inspection	lnqui	у ж	and in my	opinion
	death resulted fr	om: Natural ca	uses x	Accident . Suid	ide . Homicide	[]. U	ndetermined n	nanner 🗍		
			65		CHIEF MEDICAL					
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	ACTUAL SIGNATURE	hans 4.	. /3	mortreut	M.D. ASSISTANT MED	DICAL EXAMI	NER	3/25/0	O DATE S	IGNED
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220	BURIAL, CREMATIO			22c. NAME OF CEMETERY O			ATION (City, town	or country)	(Stete)
2 28	REMOVAL (Specify)								1.	
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23	. EUNERAL DIRECTOR		Λ	ADDRESS	24e. RE	C'D BY REGIS	TRAR 24b. REC	SISTRAR'S SIC	SNATURE	
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that the death certificate be

after death.

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY, IN 1b RURAL and give pearest town) d. NAME OF HOSPITAL (IF A) in hospital, give street address d. STREET e. IS RESIDENCE OR-INSTITUTION ON A FARM? onlinnen YES NO NAME OF DATE Year Month Day DECEASED OF (Type or print) DEATH - 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH Months Hours WIDOWED Z YES. Toa. USUAL OCCUPATION (Give kind of wark dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MENUS -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) INTERAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Canditians, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ORMED? NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour a.m. While Nat while at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 1960, that (1) (we) last saw the deceased alive an. and that death accurred a 10 M, from the causes and an the date stated above. 220. SIGNATURI 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D.

22c. PHYSICIAN' NAME (Type

236, DATE THEREOF

22d. ADDRESS CEMETERY OR CREMATORY

(Stote)

FUNDRAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION.

REMOVAL (Spenify)

25b. REGISTRAR'S SIGNATURE

arthur S. Kraya

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	Bethesda	(Rural)		$2\frac{1}{2}$ hrs.		Rockville						
(OR INSTITUTION	AL (If not in hospital, giv	e street	oddress)		d. STREET ADDRESS					e. IS RES	FARM?
		al Hospital				5904 Crawfo	ord Dr	ive			-	NO X
. [NAME OF DECEASED	First	CV	Middle		Last	4. DATE	Mont	th	Da	у	Yeor
	Type or print)	Bab	y Bo	У		CLEMENT	DEATH	Marc	h	25		19 60
. S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	X E	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	_		
M	ale	Caucasian	WIDOW	ED DIVORCED		3-25-60	Marin.	yrs.	Months	Days	Hours	29 n.
0a	USUAL OCCUPATIO	N (Give kind of work do	one 10b.	KIND OF BUSINESS OR	INDUS.	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY?
	None	ing me, even it felifed)			-	Maryland	1		υ	.S.	١.	
3.	. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME	1075-11				
	Billy M. C	LEMENT				Sarah K. US	SERLY					
		IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
	No	yes, give were or belief or ser	vice,	None	(F)	Billy M. Cle	ement,	same as	#2 a	bove	2	
	18. CAUSE OF DEAT	TH [Enter only one cou	se per li	ne for (o), (b), and (c).]	17						RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Anox	121		-			014	1/-	Zu
	762.	5 DUE TO	0			///	1		1000		0 4	- 1
į	Conditions, if on	y, which) (b)_	1	nmary		artelec Ti	u SV	5	9		2-1	2 101
H	gove rise to in couse (o), stoting t	nmediote (7		1 1	11:	40	_		1	
H	lying couse lost.	(c)_		-ton/m	on 1	nrity		20	31	1	·w	42
2	PART II. OTH	ER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	M IN PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
3												NO 🗌
CEKIL	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of injury in P	ort I or Por	t II of item 1B.)		7		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. I While of wor	Not while		CE OF INJURY (Home, form, tory, street, office bldg., etc.		or town)	(County)		(Stote)
	21. I certify that	(I) (theixedeosygistryk)	attend	ded the deceased fr	om	3/25 19	60 to_	3/25	196	Ω th	at (I) 1	(EXE) last
	saw the decease		5 /1	160 and the	nat de	eath accurred a 1005						
	22a. SIGNATURE	1/1	11				,	caosos an	G GIT III	0010		b. DATE
	×	115 1	V	MUN	٨	A.D. PHYS. ME	D.	STAFF PHYS.		3-2	25-60	SIGNED

230. BURIAL, CREMATION, 23b. DATE THEREOF 3-26-60 24. FUNERAL DIRECTOR SCHONATURE

22c. PHYSICIAN'S

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Norwood Cemetery

USN

U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town, or county) Norwood, Stanley Co.

ADDRESS 755/

22d. ADDRESS

ales AVE 250. REC'D BY REGISTRAR DAMAR 2 8 '60

25b. REGISTRAR'S SIGNATURE arily S. Krous

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B. AVERY, LT. MC.

R.A. Pumphrey Funeral Home, Bethesda, Md.

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		35.	39	CERT	IFICA	ATE OF D	PEATH	1			Reg. Dis	t. No.		
1.	o. COUNTY Montgomer	v		MAR	RYLAND	2. USUAL RESID		f Coli	h CC	nstitution DUNTY	: Residenc	e befor	e odmiss	ion)
	b. CITY OR TOWN (IF RURAL ond give ne- Bethesda	autside corporate lim	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If o	utside corpo		write RUI	RAL and g	ive nea	rest town	1)
	d. NAME OF HOSPITA	al Center		ddress)	Md.	d. STREET A	DDRESS	lace,	N. E					FARM?
3.	NAME OF DECEASED (Type or print)	Fii M i 1	st	Midd (No)	le	Lasi Con	t	4. DATE OF DEATH		Manth		Doy		Year 19 60
S.	Female	6. COLOR OR RACE Negro	7. MARRIE		-	B. DATE OF BIRTH		.879	9. AGE (In last birt 80		F UNDER 1	Doys	Hours	R 24 HRS Min.
	Domestic	N (Give kind of work ng life, even if retired)	one	OR INDUS	Loui	siana		ountry)			S.		OUNTRY?
	William W:					14. MOTHER'S Will	ie An	n (Unl	mown					
V.S.	. WAS DECEASED EVER es, no, or unknown)	IN U. S. ARMED FOR f yes, give war ar dates of s	ervice)	ocial security Nertainab		of Clinica				Addres		ary	land	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	nuse per line Resi	far (a), (b), and (a).] depre	ssion						INTE	RVAL BE ET AND medi	DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost. (b) pneumonia 17 days 1. local pelvic invasion by cancer with intra- (c) abdominal metastases 2. epidermoid carcinoma of years													
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO	HE TECH	NAU DISEAS	E CONDITIO	ON GIVE	N IN PART	-	PERFO	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY	OCCURRE	D. (Enter nature of	f injury in	Port I ar Par	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While	Not while of work		ACE OF INJURY (Ectary, street, affice			or tawn)		(C	ounty)		(Stote)
	21. I certify the alive an Marca Actual SIGNATURE	ot I oftended the the things of the things o		of from Febr	at death	accurred at.	7:30I	M, fram ADDRESS (SI	the caus treet, city of	es and town, st	an the		stated	
22		RVIN S. AR	F	22c. NAME OF CE		Bethe		nstitu Mar 22d. LOCA	yland				(Stot	e)
23.	REMOVAL (Specify)	3-23-4	00	ADDRESS 3619-1	rsm	rony		P. L. D BY REGIST	S.Co.	. REGIST	RAR'S SIG		!E	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs offer death. retained by the hospitol or attending physician. TO H m VS A1S (4) 1SM 9/SB

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	0303			CERTIFICATE OF DEATH				Reg. Dist. No.			
	Montgomery		MARYLAND	o. STATE	yland			nce	Georg	ges	
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d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, go A Sanitariu				ADDRESS	ucket	Road			e. IS RESIDEN	
3. NAME OF DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mor Mar		Do O	y Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED TO	8. DATE OF BI	RTH	960	AGE (In years lost birthdoy) yrs.	1		Hours M	
10a. USUAL OCCUPATIO during most of world	ON (Give kind of work of king life, even if retired	dane 10b, KIND	OF BUSINESS OR INDI			or foreign co	ountry)		TIZEN OF	WHAT COUN	
13. FATHER'S NAME	Eugene Coll	ine			S MAIDEN N		Concession				
15. WAS DECEASED EVE		CES? 16. SOCIA		INFORMANT			Greeney Add		llen	e Pk. M	
Conditions, if a gove rise to i cause (a), stating lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate Dur To)	IBUTING TO DEATH BU	T NOT RELATED	TO THETERM	INAL DISEASI	E CONDITION GIV	VEN IN PA	ART 1(o) 1	9. WAS AUTO PERFORMED YES NO	
	CAUSE OF DEATH MEDICAL EXAMINER)		OCCURRED 20e. P	ED. (Enter noture					(County)	(S	
20c. TIME OF INJUR	March 9 196	_ While	Not while for the work for	octory, street, of	rice bldg., etc	:.)		ME	(000)		
21. I certify the alive an	out I attended the 830 Am 3/9	, 19 60 ey ()	and that deat	м.р. 810	6 New	ADDRESS (SI Hampsh	the causes ar treet, city ar tawn, tire Ave,	nd on the stote)	ne date	DATE SIG	
220. BURIAL, CREMATIC REMOVAL (Specify) Cremation	March 9,	1960 Wa	NAME OF CEMETERY OF S	OR CREMATORY	ospita	22d. LOCAT	IION (City, town,	or county)	(State) Md.	
23. FUNERAL DIRECTOR	Hare, M.D.		San. & Hosp	ital		D BY REGIST		istrar's s			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fir the registrar prior ta burial, crematian, ar remaval, and in any event within 72 haurs page 3 shauld be detached far use as the burial-transit permit. 10 HO VS A15 (4) 15M 9/58

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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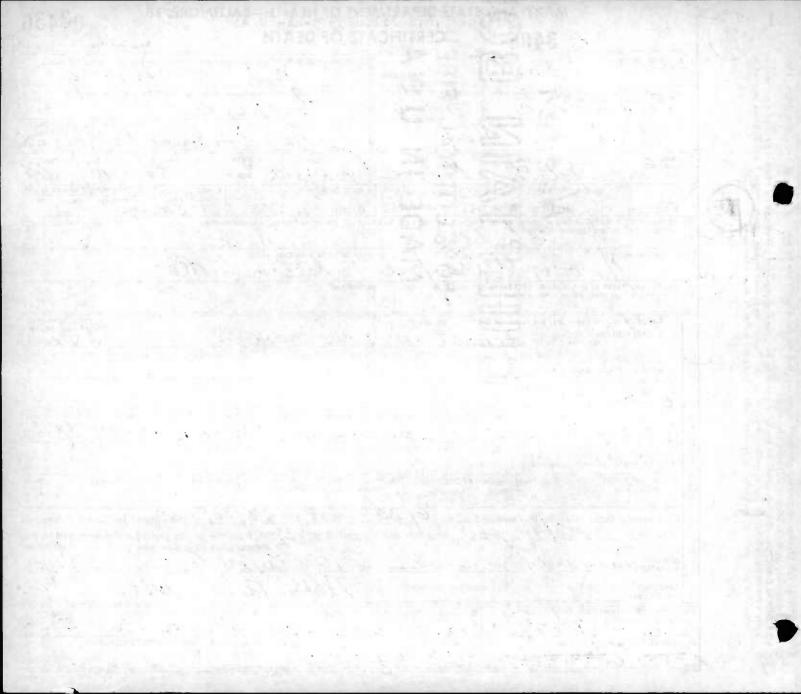
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03436

		0 346	8	CERTIFIC	ATE OF DE	AIH	Re	g. Dist. No.	
1. P	LACE OF DEATH	Men	n (g'	MARYLAND	2. USUAL RESIDER	Where deceased	lived. If institution: b. COUNTY	Residence befo	ore admission)
Ь	RURAL one give ne	outside gorporote limi	ts write c. LEN	of the of stay in 16 and 16	c. CITY OR TO	211.	cle limits, write RURA	L ond give ned	aren town)
d	OR INSTITUTION	AL (if not in hospital, g	ive street address	· 6	d. STREET ADE	ORESS 922 Ru	more	we.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	Edit	1	Marie	(san he	4. DATE OF DEATH	Menth	100	Yeor 1960
5. S	Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 30.	100		onthy Days	Hours Min.
	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired	done 10b. KIND C	DE BUSINESS OR INDU					WHAT COUNTRY?
13. 1	FATHER'S NAME	1 vist	WE	anford	14. MOTHER'S M	AIDEN NAME	itte.		
15, \ (Yes,	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO.	INFORMANT		Address		
		nmediote (TATER	s), (b), ond (c).]	Virus)1	NEUMONIA	F		ERVAL BETWEEN SET AND DEATH WEEKS.
~	PART II. OTH LGET 200. ACCIDENT WA: OR CONTRIBUTING	ER SIGNIFICANT CON	ACTEX	* , ,-	DOCARDI	ris (Mi	TRAL VA	LYES,	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While N	OCCURRED 20e. P	ACE OF INJURY (Ho ectory, street, office b	me, form, 20f. (City ldg., etc.)	or town)	(County)	(Stote)
	ACTUAL SIGNATURE	at I ottended the	deceosed fro	om. 6/30 , and that deat	, 1956, n occurred at §	A 1	the causes and creet, city or town, state	on the date	w the deceosed estated obove. DATE SIGNED 3/10/60
	PHYSICIAN'S NAME (Type) BURIAL, CREMATION		DF/ { 22c. }	NAME OF CEMETERY (OR CREMATORY	22d. LOCAT	ION (City, town, or co	ounty)	(State)
ź3. I	FUNERAL DIRECTOR'S	12/10/		DDRESS AL	23-26	40. REC'D BY REGISTI	RAR 24b. REGISTRA	ele AR'S SIGNATU	I I I I I I I I I I I I I I I I I I I
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 should be Reg. Dist. No. crematian 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH a. COUNTY District of Columbia Montgomery MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) and give nearest town) Washington 36 hours Rethesda 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS registrar prior ON A FARM? 1705 Lanier Place, N. W. your files. Suburban Hospital YES NO TO NAME OF Middle Year 3. BLANCHE HOLBROOK CROISSANT 1960 (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. Dec. 14, Months Female White 1875 WIDOWED DIVORCED T with 3 10 2 wit 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) Housewife Own Home New York. U. S. A. 5 may be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter 4700 Langdrum La., If yes, give war or dates of service Give Mrs.Irwin H.Wensink No None ethesda, Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY-17 hours with form Shock IMMEDIATE CAUSE (a) DUE TO Fracture, Left hip 2 days Canditians, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? pending NO TO 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from high curb attempting to take a bus. 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or tawn) 20c. TIME OF INJURY Month, Day, Year (State) 1960 While of work Wis. Ave. & D. CLIne, Bethesda, Montg. e, writing the v Chief Medical Md. 21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection 1, Inquiry 12, and find that rwarded to the Chief death resulted fram: Natural causes ___, Accident X, Suicide ___, Hamicide ___, Undetermined cause ___ DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER Mar. 3, 1960 EXAMINER'S FRANK J. BROSCHART DEPUTY MEDICAL EXAMINER X 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) 220. BURIAL CREMATION, (State) Б Rock Wreek Cemetery Washington. 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrev

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d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, give s	treet oddress)	d. STREET ADDRESS	ssev Pkwv.	e. IS RESIDENCE ON A FARM? YES NO
. NAME OF	First	Middle	last		onth Day Year
(Type or print)				OF	
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, SEX			- 4 4	lost birthdoy) Months Days Hours Min.
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3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
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S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT		ddress
(Yes, no, ar unknown)	(If yes, give war or dates of service)			. /-	\ 0
No	No	No	Mrs. Mary Ky	ster (Daughte	
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	Y MEDICAL EXAMINER)				
20c. TIME OF INJU			PLACE OF INJURY (Home, for foctory, street, office bldg., etc.,	m, 20f. (City or town)	(County) (State
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SIGNATURE_	Just 1	(enne)	M.D. 6450	Ulsconsur Un.	Bellusta, had, 3/16
PHYSICIAN'S	U /				
NAME (Type)	Jos. P. Kenri	ck			
220. BURIAL CREMATI	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOEATION (City, town	n, or county). (State)
REMOVAL (Specify		161:1-1	./	1601111-	1 1/2
3 FUNERAL DIRECTO		ADDRESS L	NATIONAL	ID BY DECISTRAD 245 DE	GISTRAR'S SIGNATURE
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in de mue	re 1/1200 8/6 h	1 41 100 01m	ZA . DATERA	B A 160 C	rthur S. Frank

ery filled in by the funeral directar, Pages 1 and 2 shauld be filed with y be retained by the hospital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplely page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers, the registror priar to burial, crematian, or removal, and in any event within 72 hours after death. 10

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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in 24 hours after death. Page 4

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1	1. PLACE OF DEATH a. COUNTY	
	Montgomery	

CERTIFICATE OF DEATH

	35	42	CERTIFICA	ATE OF D	EATH	100		Reg. Dis	t. No.	Calley.
a. COUNTY MOX	tgomery		MARYLAND	2. USUAL RESIDE	rylan		b. COUNTY	on: Residence	e before o	admission)
RURAL ond give	(If outside corporate lim nearest town) hesda	its, write c.	LENGTH OF STAY IN 16	3 .	own (If or		e limits, write Rt	JRAL ond g	ive neares	t town)
OR INSTITUTION	PITAL (If nat in hospital, sourban	give street odd	dress)	d. STREET AD		s Mill	Road			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fi Har	r ry	Middle	lost Dav	ris	4. DATE OF DEATH	Moni	th	Day	Year 1960
s. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	188		AGE (In years lost birthdoy) 75 yrs.			UNDER 24 HR lours Min.
during most of wo Retire 13. FATHER'S NAME	orking life, even if retired	dane 10b. KIN	ND OF BUSINESS OR INDU	Mar 14. MOTHER'S	yland MAIDEN N	AME	ntry)		S.A.	HAT COUNTRY
	H. Davis VER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. SO	CIAL SECURITY NO.	Mar NFORMANT	y Jer	kins	Addr	ess		
	EATH [Enter only one co	ouse per line f	ar (a), (b), and (c).)	11	9//	/	0	`	INTERV	AL BETWEEN
Conditions, if gove rise to couse (o), stotin lying couse los: PART II. O	g the <u>under-</u>)	ATRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	CONDITION GIV	en in Part	T 1(a) 19.	WAS AUTOPS
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH 'Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter nature af	injury in P	ort I or Part II	of item 18.)		Y	ES NO [
20c. TIME OF INJU Hour a. m p. m	10	While at work	_ Nat while for	ACE OF INJURY (H ctory, street, office	lome, form, bldg., etc.	20f. (City or	town)	(C	County)	(Stat
actual SIGNATURE PHYSICIAN'S NAME (Type)	Jehrnory Levard S Ward S. Wi	19/acc	Jr.	occurred at A	:457	M, from th ADDRESS (Stree 8218-1 2da	e causes and et, city or town, with the control of	d on the stote) suice (arry		dated above DATE SIGNI B/1/6
22a. BURIAL, CREMAT	3/5/60		Ash Memor	ial,		Sand	y Sprin	g Md		(State)
23. FUNERAL DIRECTO	SIGNATURE	2	ADDRESS		_	BY REGISTRA		trar's sic		

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with TO WELLA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with many is retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia COUNTY o. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest tawn) 49 (Rural) Bethesda Washington d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 30 Hamilton St. N.W. U.S. Naval Hospital, Bethesda, Md. 4. DATE NAME OF Middle Last Month DECEASED OF DEATH March DAVIS Atkinson .Tames (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthdoy) Months 8-6-09 DIVORCED | 50 WIDOWED | Male Negro 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Georgia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Adela ABLES James DAVIS INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Wife) Dorothy M. Davis 1944-1946 Same as Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Adenocarcinoma, cecum, with metasases IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while of work of wark 21. I certify that I attended the deceased from 1 February 1960 to 21 March 1960 that I last saw the deceased alive an 21 March 19 60 and that death occurred at 11:35 Am, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) Mp U.S. Naval Hospital, Bethesda, Md. ACTUAL SIGNATURE U.S. Naval Hospital, Bethesda, Md. C. THOMAS, LT. MC. USN NAME (Type) 22d, LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF BULL (Specify) Arlington National Arlington, Va. 3-25-60 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTORY ADDRESS 24g. REC'D BY REGISTRAR

9th and S Street N.W. Washington, D.C. DATE

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OP INSTITUTION	AL (If not in hospitol, of 12,814 Hol				d. STREET A		Holdr	idge Roa	ad		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	EDITH		Middle E .	D	ICKENS		4. DATE OF DEATH		onth RCH	Do	,	Year 19 60
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH		7	9. AGE (In year lost birthdoy) Months		IF UND Hours	Min.
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Winfield Co	olburn				14. MOTHER'S E1	la Bu						
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ZOc. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. I While at wo			E OF INJURY (ry, street, office			y or town)		(County)		(Stot
saw the deceas 220. SIGNATURE 220. PHYSICIAN'S 221. PHYSICIAN'S	ed alive an 3	. 4	ageant		ATTENDING	d at	M, fram	the causes STAFF PHYS.	and an t	he date	state	(we) la: d abave 2b. DATE SIGNE
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1	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution: Resid b. COUNTY	dence befare admission)
	b-CITY, OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 1b	Washingto	outside carporate limits, write RURAL and no. DC	nd give nearest tawn) 47x = 3
4	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Hospital Hospit	oddress)	d, STREET ADDRESS	aska Ave. NW	e. IS RESIDENCE ON A FARM? YES NO []
3	NAME OF DECEASED (Type or print) Grace	Middle F	Dietrick	4. DATE Month OF DEATH March	24 19 60
	'emale 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-10-9	9. AGE (In years last birthday) Manth	DER 1 YEAR IF UNDER 24 HRS S Days Haurs Min.
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	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, no. or unknown) (If yes, give war ar dales of service)	SOCIAL SECURITY NO. 17. II	NFORMANT Bull &	Jetrick.	1 (52 me
	PART I. DEATH Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).]	cardial Info	action and	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (o), stating the under-lying cause last. (b) DUE TO (c)	teros clores	is generalis	od	10 445
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		SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Part I ar Part II of item 18.)	
0	Haur a.m. While		ACE OF INJURY IHame, form actory, street, affice bldg., etc.	20f. (City ar town)	(Caunty) (State
	21. I certify that (I) (this haspital) attensaw the deceased alive an 3:24			47, to Maich 24, 19	
	220. SIGNATURE	elasp	ATTENDING MI		3.14.60 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Stewart (2/app	39217ng	90mar ST 1/W.	was 415
2	3d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Pemoval 3/28/60	23c. NAME OF CEMETERY O		23 Luzerne Count Shavertown, P	· ·
2	The SHAMEN Com 2	ADDRESS 901-14H	25a. REC"	D BY REGISTRAR 255. REGISTRARS	SIGNATURE

24 hours after death. Page 4 TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely ruled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotion, ar remaval, and in any exect, within 72 hours after deoth. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 F VR A15 (4) 15M 9/59

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CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Maryland Montgomerv Montgomery b. CITY OR TOWN (If outside corporate limits, write c. IENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4 days Rockville Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 613 Douglas Ave. Suburban NAME OF 4. DATE Middle First Last Month Day Year DECEASED (Type or print) Dimes DEATH Bessie R. 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years 5 SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Doys Hours Colored DIVORCED [WIDOWED T Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Rebecca Lyles Joseph Cooper haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Dorothy Cooper unknown same no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | 20g. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) MEDI o. m. While Not while ot wark of work 1900 that I last saw the deceased 1960 21. I certify that I attended the deceased fram alive an and that death occurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county)
Rockville, Md. 22c. NAME OF CEMETERY OR CREMATORY (Stote) poge 3/9/60 Lincoln Park. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cillun S. Thous VS A15 (4) Reckville, Mi DATE 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3546 **CERTIFICATE OF DEATH**

Rea. Dist. No

										Keg. Dist. 14	J.	
	PLACE OF DEATH	162 4 120 76				2. USUAL RESIDE	ENCE (Whe	ere deceased lived.	If institution	: Residence bef	are admissio	n) /
	2.6	ntgomery		MAR	YLAND		rvlan	d	P:	rinces	George	8
1		(If outside corporate limits,	write c. L	ENGTH OF STAT	Y IN 1b	c. CITY OR TO	OWN (If ou	utside corporate lin	its, write RUI	RAL and give n	earest town)	
		Bethesda		D.O.	A	C	hilli	um Hts.	Hyatt	sville	. Md.	
4	d. NAME OF HOSE OR INSTITUTION	ITAL (If nat in haspital, giv	e street addre	ess)		d. STREET AD			/	650.3	e. IS RESID	ENCE APM2
	OK MOMOTO	Suburba	n Hosp	oital		5710 CI	nill	um Hts.	Drive	е	YES 🗌	
- 1	NAME OF DECEASED (Type or print)	EDWAR D	(Middle G	D	0BV		4. DATE OF DEATH	Month 3	/ /	Oay Ye	62
5. \$	SEX M	6. COLOR OR RACE	· MARRIED [_	DATE OF BIRTH	10	9. AG last	birthday)	Months Days		24 HRS Min.
0a	. USUAL OCCUPAT	ION (Give kind of work do orking life, even if retired)	ne 10b. KIND	OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	QE (State o	or foreign country)		12. CITIZEN C	F WHAT CO	UNTRY
	Dein he	even ir refired)				m	13			Par die	U.S.	A.
13.	FATHER'S NAME	The contract of the contract o	-			14. MOTHER'S A	AAIDEN N	AME				
	13.	. 10	-				nkno					
1.5	WAS DECEASED EV	CED IN III S ADMED CODES	52/14 5051	AL CECURITY AN	0 101	FORMANT	IKITO	AATT	4.1.4	2205		
	s. no, or unknown)	ER IN U. S. ARMED FORCE	ice) 10. SOCI.	AL SECURITY INC			Da has	17	Addres		E.Ca	
	yes	W.W.# 2		1.70	INC	na T. 1	Doby	, Ex-w	116	St. Was	n,D,C	
	18. CAUSE OF D	EATH [Enter only one caus	e per line far	(a), (b), and (c)).]			0		IN	TERVAL BETY	VEEN
	PART I. DI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	To,	ta. Ca	Lan	1124-1	20	Musi	m		11/10	KQ
	420.	DUE TO	-					^			0	1
4	Conditions, if	/	Cas	Land	1111	16	1	8) :00	200	8	Vens	-
	gave rise to	immediate (001	0 100	ry	- Joseph	1	Vice	wee.	- 19	7	
	cause (a), statin									1		
z	lying cause las	- ' '-	TION IS CONTE	DIDUITING TO DE	FATUR DUIT A	IOT DELL'ERD TO T					20 11/45 44	TORCY
CATION	PART II. O	THER SIGNIFICANT CONDI	IIONS <u>CONT</u>	KIROLING TO DE	EATH BUT P	OI KELATED TO	IHE IERMIN	NAL DISEASE CON	DITION GIVE	N IN PART I(o)	PERFORA	MED?
CERTIF	OR CONTRIBUTION	/AS UNDERLYING ☐ 21 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE	HOW INJURY (OCCURRED.	(Enter nature af	injury in P	art I or Part II af i	tem 1B.)			7
MEDICAL	20c. TIME OF INJU Haur a. m p. m	10	While	Not while at work	20e. PLA	CE OF INJURY (Heary, street, affice I	ome, form, bldg., etc.)	20f. (City ar tow	n}	(County	'}	(State)
	21. I certify	that I attended the a	lecensed f	ram de	me	1050	to My	esch 14	10/00 11	nat I last sa	w the de	2020
٠,	alive an	-14	1060	//	٠ داد	accurred at_	21	11 ()				
	dive dii) <i></i>	, 17.62.02_	, and ma	i dedin	accorred di_		M, fram the c ADDRESS (Street, ci				SIGNE
	ACTUAL /	DAm.	1100			110	10 /	F	0 10111, 31		16/20	1
	SIGNATURE (" F. (Maple M.D. 420) tessender STAW											
	PHYSICIAN'S NAME (Type)	PANDE	REU	vs.	M.C) 10	1/11	lung	tan	AC	3-1	4-6
22a	BURIAL, GREMAT			NAME OF CEN		crematory		22d. LOCATION (C	ity, town, or ingto		(State)	ι
23.	FUNERAL DIRECTO			ADDRESS W	sh.	DC :	24a. REC'D	BY REGISTRAR		RAR'S SIGNATI	URE	
T,	he S.H.	Hines Co., 2	2901	14th St	E. N.	W.	DATEMA	2 1 6 '60	Catt	wor S. Kra	ma	
							HAM	T I U UV				

haurs after death. Pager4 campletely fitted in by the funeral director, papers. Pages 1 and 2 should be filed with ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

Date 3 shauld be detached for use as the burial-transit permit. Then please remove/cor

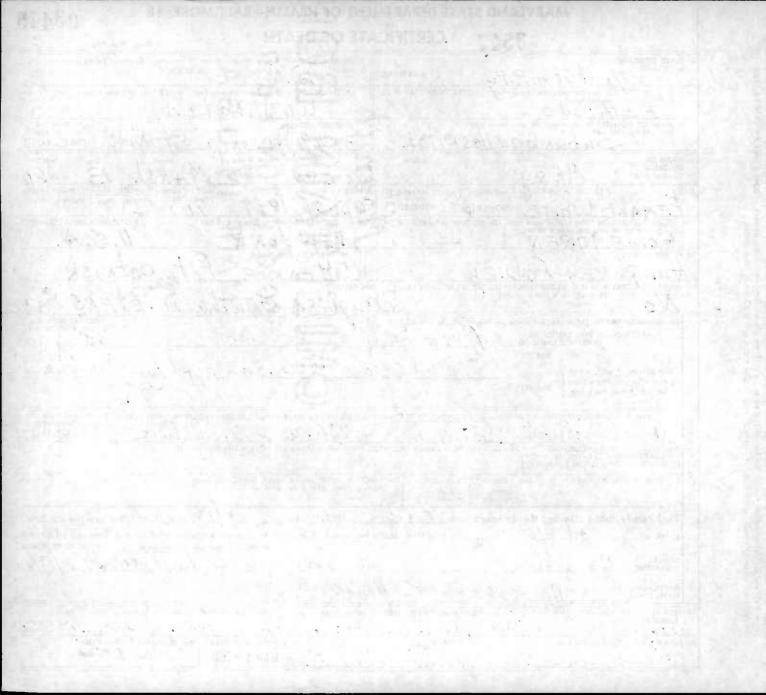
page 3 shauld be detached far use as the burial-transit permit. Then please removes the registrar prior to burial, cremotian, ar removal, and in any event within 72 hours

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	30 %√	CERTIFICA	IL OI BLAIII	Reg. Dist	. No.
	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	sed lived. If institution: Residence b. COUNTY	e before admission)
	b. CITY OR TOWN (If autside carporate limits, writted c. LENG RURAL and give pearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and gi	ve nearest town) 47X-3
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Subur 6 9N 170 SP	pital	d. STREET ADDRESS	UN St. N. U	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) MARY	Middle 7	DERN 4. DATE OF DEAT	1/1	13 1960
	SEX 6. COLOR OR RACE 7. MARRIED N	DIVORCED	DATE OF BIRTH 160 20, 1869	lost birthdoy) Manths [YEAR IF UNDER 24 HRS. Doys Hours Min.
L	D. USUAL OCCUPATION (Give kind of work done 10b, KIND OF during most of working life, even if retired) HOMEMORER	BUSINESS OR INDUST	NEWYORK	country) 12.CITIZ	S.A.
	HumphREY Folvey		COTHER'S MAJOEN NAME	Fitz pati	Piek
15. (Ye	WAS DECEASED EVER IN U. A. ARMED FORCES? 16. SOCIAL SI	$\mathcal{D}a$	ughter BER	tha D. Pet	ERS SAM
	1B. CAUSE OF DEATH [Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	(b), and (c).]	embolism	1	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stoting the under-	nehocen	il Caronomi	n de ft dung	unknow
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	leseur !	vigh Camosti	in failure	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	(Enter nature of injury in Pott I or P	art II of fitem 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 While Nat of work of two	while focto	E OF INJURY (Home, form, 20f. (C ry, street, office bldg., etc.)	ity or town) (Co	ounty) (Stote)
	21. I certify that I attended the deceased fram		, 1960 , to		t saw the deceased
	ACTUAL SIGNATURE Or Clumb	and that death o	accurred at 5 SM, fram ADDRESS D. 6450 Wise C	n the causes and on the (Street, city or town, state) The Bellhydd	date stated abave. DATE SIGNED A. 3/13/6
	PHYSICIAN'S NAME (Type) UP JOSEPY	4 KENK	rex	/	,
220	P. BURIAL, CREMATION, REMOVAL (Specify) 22c. NA	ME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town, or county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS () d	DATE MAR 1 8	160 246. REGISTRAR'S SIGN	



		334					R	eg. Dist. No	. () - x -
1. PLACE OF DEATH o. COUNTY Montgomes	POP		MAR	YLAND	o. STATE Maryland	Where deceased li	b. COUNTY		ore admission)
b. CITY OR TOWN RURAL and give s	(If outside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		MONTGO		arest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, (give street o	86 days		d. STREET ADDRESS	(3)			e. IS RESIDENC ON A FARM
The Clini	ical Center	Bet	hesda Di.	Md.	7709 Chath	am Rd.			YES NO
3. NAME OF DECEASED (Type or print)	Fi		Middle		Last Dorr	4. DATE OF DEATH	Month Marc		y Year
5. SEX			ED NEVER MARR		DATE OF BIRTH	9.			R IF UNDER 24 H
Male	White	WIDOWE	D DIVORCE	D D N	ovember 13,	1919	lost birthday) No. No.	Months Doys	Hours Min
during most af wo	ION (Give kind of work rking life, even if retired rvice Office)	kind of Business of lovernment		11. BIRTHPLACE (Sto		ntry)		A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN				
William R.	Dorr			-tay	Evelyn A.	Corker			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	service)			DRMANT The Me	dical Re			
No		Una:	scertainab	10 The	Clinical	Center,	Bethesda	14, Ma	ryland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Hemo			cardio-re	spirator	y failur	ON	PERVAL BETWEEN SET AND DEAT hours
Canditions, if a gave rise to couse (o), stoting lying cause lost	the under-		Primary t	hyroid	l carcinoma			1	0 months
CATIC	THER SIGNIFICANT CON							IN PART 1(o)	19. WAS AUTOP PERFORMED? YES 🔼 NO
OR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED.	Enter noture of injury i	n Port I or Port II	of item 1B.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. IN While at work	Nat while	20e. PLAC	E OF INJURY (Home, fo y, street, office bldg., e	rm, 20f. (City o	r town)	(County)) (Sta
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Charles E.	., 19 (Sel, M.D.	death a	The Clin National Bethesda	AM, from the ADDRESS (Street ical Certain Institute I). Mar	e causes and et, city or town, sta iter ites of He yland	an the date one) March ealth	e stated aba DATE SIGN 23, 196
CREMOVATISPOT			CEDAR E		CREMATORY		ETLAND,		AND (Stote)
23. FUNERAL DIRECTOR	Fis SIGNATURE Hawler's Se	9760	ADDRESS 1756 Pa. are.	n.w. 6		C'D BY REGISTRA MAR 2 8 '60	24b. REGISTR	LAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely firred in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely firred in by the funeral director, and the detector of the dete the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. V5 A15 (4) 15M 9/5B

TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

hours ofter death. Page 4

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		Movember 15, 1919		es Link	Made
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		The state of the state of the	n sind o'er.	Act of the	12000

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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the funeral directar, shauld be filed with	3 Mi
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hours after death. Page 4

most revained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely freed in b page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Boord of Health prior to burial, crematian, or removal, ond in any event, within 7 haur, after death.

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO H	TO FU	DOGG
VR 15	A15 (M 9/5	4)

-	U30.				
1. [PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE WEW TENSOR	lived. If institution: Residence b. COUNTY	before admission)
-	b. CITY OR TOWN the outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN All outside corpora	ote limits, write RURAL and giv	ve nearest fown)
4	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Sanifan	e street oddress)	d. STREET ADDRESS La	Ave.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Fred a	Middle Anna	Soul 4. DATE OF DEATH	March	Day Year 1960
5. 9	T- 0.	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 5-22-94		YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work do dering most of working life, even if refired)	A Home	STRY 11. 81RTHPLACE (State or foreign con	untry) 12.CITIZI	EN OF WHAT COUNTRY?
13.	Garl Schenk		14. MOTHER'S MAIDEN NAME Katherine	Roskida	
(Yes	WAS DECEASEDEVER IN U. S. ARMED FORCE s. no. or unknown) [If yes, give war ar dates of serv		NFORMANT Loshington San	Address nitarium + 1	Hosp. Reion
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause lost.	Carcacacaca	delece de Commission à	Duck	4 Tues.
CATION		TIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Port	II of item 1B.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 p. m. 19	20d. INJURY OCCURRED While Not while of work of otwork	ACE OF INJURY (Home, form, 20f. (City clay, street, office bldg., etc.)	or town) (Co	ounty) (Stote)
	21. I certify that (I) (this hospital) sow the deceased olive on 220. SIGNATURE	19, and that c	death occurred ofM, from the death occurred		b, that (I) (we) lost date stated above. 22b. DATE 3/15/1961
	NAME (Type) LYSLE K	SILLIAM S	8700 Colemul R	ki, Selver Spr	ury. Md
L	D. BURLY, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) MARCH 18:10	960 Restland Mema	rial Gark East	Hallywer, Plew	Jersey
24.	Julius Walter	254 Corroll	DATE MAR 1 6	ear 256, registrar's sign 60 Cithua 8.	1.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CERTIFICATE	OF	DEATH
5 % 0	CERTIFICATE	OI	DEVII

Reg. Dist. No. () 3448

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1. PLACE OF DEATH a. COUNTY Montgomer	v		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE Virginia	ere deceased I	ived. If instituti b. COUNTY Fairf		ce befare adr	nissian)
b. CITY OR TOWN (I RURAL and give no	f autside carporate limit	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If a				ive nearest to	own)
OR INSTITUTION	AL (If not in hospital, g		oddress)	3	d. STREET ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fire	it	hesda ll, M	911	130 Crosswo	4. DATE OF	Man		Day	Year
(Type or print)	Tom		Mate		Dreyfuss	DEATH	Mar		7	1960
s. sex	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	September 15,		AGE (In years last birthday) yrs.	- T	Doys Hou	
10a. USUAL OCCUPATION during most of work Student	ON (Give kind of work oking life, even if retired)		KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State of Mississip		ntry)		S. A	T COUNTRY?
13. FATHER'S NAME		11			14. MOTHER'S MAIDEN N	AME	71.00			
John T. D	reyfuss				Janis Behr					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	IN	FORMANT The Medi	cal Re	cord Add	ress	2011	
No	(if yes, give war or dates or se	ii vicej	None	The	Clinical Cer	ter, B	ethesda	14, 1	Maryla	nd
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	Mas		* **	r and Subarac	hnoid	Hemorrh	age.	ONSET AI	BETWEEN ND DEATH S
gave rise to i cause (a), stating lying cause lost.	the under: OUE TO				NOT RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIV	/EN IN PART	1(a) 19. WA	
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature af injury in P	art I ar Part 1	1 af item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED 2 Nat while k at wark		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.		r town)	(C	aunty)	(State)
alive an_Ma	ihard C		chauce	death	National]	M, from the ADDRESS (Street al Central	ne causes and et, city or tawn, ter tes of	d an the state) Healt	date state 3-1-6	ed abave.
220. BURIAL, CREMATIO	3-4-19	60	22c. NAME OF CEMET	TOU	J NATL	22d. LOCATIO	ON (City, town,	ar county)	V	itate)
23. FUNERAL DIRECTOR	S SIGNATURE	307	2-M-St	2 2 2	DATE	BY REGISTRA		STRAR'S SIG		

VS A1S (4) 1SM 9/S8

AND ROSTABILISED STORY

NEW STREET, ST Morand Addres ... Salah Charack a hand tal The distance framework to the bid the badding restant framework Lorent Lates 3 feet all redesired a real of a settle 15, 1931 8 Lyster lanth John J. Tropfurs and Lander State Color Co , which constitute the property of the on Manager to a facility AND AND REAL PROPERTY. bun Crank , Li e boutiful

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	355	U	CERTI	FICA	ATE OF DEATH	FOR DEATH	Reg. Di	st. No.	
o. COUNTY MOI	ntgomery		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Kentuck			nce befor	e admission)
b. CITY OR TOWN (RURAL ond give n	If autside carporate lim-	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporote limits, w	rite RURAL and	give nea	rest tawn)
Bethesda			14 days		Bonnyman			55	X-3
	TAL (If not in haspital, g				d. STREET ADDRESS	Par (00			ON A FARM?
	cal Center,	Beth		ld.	Route # 1,				YES NO 2
3. NAME OF DECEASED (Type or print)		eva	Middle (Non		Duff	4. DATE OF DEATH MAI	Manth	13	1-
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED 🔣	8. DATE OF BIRTH	9. AGE (In last birth		1 YEAR	Hours Min.
Female	White	WIDOWI			April 17, 19	13 16	yrs.		
during mast of wor	ON (Give kind of work king life, even if retired udent)	done 10b.	None	R INDU	Kentucky	or foreign country)	12. CITI		WHAT COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
Jimmie Du	ff				Ethel Ever	rson			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 1	NFORMANT The Med	ical Record	Address		
No	(1. / 5. / 9. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		None	T	ne Clinical Co	enter, Bethe	esda 14,	Mar	yland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), and (c). Cardiac f		ıre			INTE ONSI	RVAL BETWEEN ET AND DEATH
4/0 X Conditions, if o	DUE TO		Mitral in	sufi	ficiency			14	years
gove rise to i couse (a), stating lying couse lost.	mmediate (Rheumatic	fer	ver			14	years
PART II. OT			CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	n given in par	T 1(a) 15	P. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in I	Port I or Port II of item 1	B.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. II While at wor	NJURY OCCURRED Not while t of work		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		((County)	(Stat
			10	ary	28, 19.60, to Ma	rch_13, 19	60that I lo	ast saw	the decease
alive on Ma	rch 13	, 19_	60, and that	death	accurred at 1:10s			e date	
ACTUAL	and h		12			ADDRESS (Street, city or	town, stote)		DATE SIGN
SIGNATURE	C. C I Troll	enle	ugh, 14. h	1.		ical Center			3/13/
PHYSICIAN'S NAME (Type)	Edwin C. F	Brock	enbrough, A	M.D.		Institutes		Ltn	**
REMOVAL (Specify Removal			22c. NAME OF CEMI	ETERY O	R CREMATORY	22d. LOCATION (City, I		cky	(Stote)
3. FUNERAL DIRECTOR	'S SIGNATURE		APDRESS		NT 1.7 24a. REC'	D BY REGISTRAR 24b.	-		E
The S.H. H	lines vo.	-290	h lith st	1700	N.W.	MAR 1 5 60	0.71.	. 0 4	1

in 24 haurs after deoth. Page 4 be retained by the haspital or otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, and a sequence of the sequence o OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03451

	000%										
1. PLACE OF DEATH o. COUNTY MONT GOME	· D V	163	. MARYL		2. USUAL RESIDENCE (WE a. STATE MARYLAND	here deceased	b. CQUNTY	on: Residen		re admiss	sion)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	nutside corpo			_	arest tow	n)
RURAL ond give	nearest tawn)				V -						
BURTONS	PITAL (If not in hospital, g		address)	-	BURTONSVIL	LE				e. IS RES	CIDENICE
OR INSTITUTION	N	ive meet	dooress)		d. STREET ADDRESS					ON A	A FARM?
					2711 DUVAL	L ROAL	0			YES X	NO
3. NAME OF DECEASED	Fir	st	Middle		Lasi	4. DATE OF	Mon	th	Da	У	Year
(Type or print)	Сн	ARLES	LE	WIS	DUVALL	DEATH	MARC	Н	4		19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED		DATE OF BIRTH		9. AGE (In years		-	-	ER 24 HRS.
MALE	WHITE	WIDOW	ED T DIVORCED		7/29/84		75 yrs.	Manths	Days	Hours	Min.
	TION (Give kind of work		head		1 - 2 / 0 .	or fareign co		12.CIT	IZEN OF	WHAT	COUNTRY
during most af w	orking life, even if retired)	E				,,				
FARM	1ER		1 arm		MARYLA				USA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
Wi	ILLIAM SPENC	ER DU	VALL		SARA ANNA	ROCH					
1S. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT		Add	ress		100	
(10s, no, or unknown)	(it yes, give war or bates or s	ervice)			HOSPITAL REC	OPDS	0.	NEY.	Mn		
18 CAUSE OF D	PEATH [Enter only and co	use per li	ne for (a) (b) and (c)]	-	HUSF TIAL NEC	201103	0,	115-1-9		ERVAL BE	ETWEEN
	EATH WAS CAUSED BY:								ONS	SET AND	DEATH
	IMMEDIATE CAUSE (c) A	NEMIA	-					0	MON	142
177	DUE TO										
Conditions, if	ony, which) (b) A	DENOCARCINO	MA 0	F PROSTATE W	ITH ME	TASTASES		2	YEA	RS
gove rise to cause (a), statir											
lying couse los		3						A			
Z PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
PART II. C										YES	DRMED?
	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Part	t II of item 18.)				
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)							2	34		
	URY Month, Doy, Ye				E OF INJURY (Home, farm bry, street, office bldg., etc		ar town)	(County)		(State)
Haur o. m	10	While of wor		Tocic	ry, sireer, office blug., ere	"/					
		1			10/25/59		3/4/60	10			
	hat (1) (this haspita										(we) last
	ased alive an 2	22/60) 19 , and t	hat de	ath accurred at 1:3	M, Aram	the causes ar	d an th	e date		
220. SIGNATURE	OND				ATTENDING M	ED.	STAFF	3	1 4	122	2b. DATE SIGNED
	- UT	1	0-1	М		IRECTOR	PHYS.	1		100)
22c, PHYSICIAN'S NAME (Type		,	X		22d. ADDRESS					,	
Traine (Type		GON.	M n		SAND	SPRII	NG MARY	AND			
23o. BURIAL, CREMAT			28c. NAME OF CEMET	FRY OR			TION (City, town,			, (Sta	te)
EMOVAL (Speci	ful - / /	0	11	6	-1	13	7	-/	0	2	20
24. FUNERAL DIRECTO			ADDRESS	Ca	nelly	1 Occ	The of the	STRAR'S SI	CARTI	05	res
ZA. TUNEKAL DIRECTO	THE STUNATURE	01	ADDRESS		6 6	D 8Y REGIST					
MICH	1 Nana	los	an Kau	rel	MA DATE MA	AR 1 0 '6	Cin	Thun S.	Than	4	

HTAERIST STADLENSO STATE OF THE PERSON OF THE PER

03452

TO HOLY AL OR ATTENDING PHYSICIAN: The law required may be actively filed in by the funeral director, etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB

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	0000	02/(11/10)			Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W		. If institution: Resi	dence before admissi	ion)
	ONTGOMERY	MARYLAND	D.	C			
b. CITY OR TOWN (_RURAL and give n	(If autside corparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate li	mits, write RURAL a	nd give nearest town))
Kensing			Washingto	n		47X-	3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESI	DENCE FARM?
Carroll	Hall Nursing	Home	2022 Nayl	or Rd.	5.E.	YES 🗋	
3. NAME OF DECEASED (Type or print)	FRANK	Middle	DUVALL	4. DATE OF DEATH	Month MARCH	. 0	9 6 C
S. SEX	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		DER TYEAR IF UNDER	
Male	white widowi	ED DIVORCED	9-19-73		86 yrs. Month	ns Days Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind af wark dane 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote		-	CITIZEN OF WHAT CO	OUNTRY
during most of war	rking life, even if retired)	aundry	Baltimor	L M O		U.S.	
13. FATHER'S NAME		aunury	14. MOTHER'S MAIDEN			U.D.	
Charles :	Duvall		Mary	??			
		SOCIAL SECURITY NO.	INFORMANT		Address		
(Yes, no, or unknown)	(If yes, give war or dates of service)			Duvall	-2022 N	lawlan Ka	7 0
1		8-10-8546	Mrs Dora C	Duvall	- ZUZZ IV	-	
	ATH Enter only one cause per li		- 11 .	-		ONSET AND	
PART I, DE	ATH WAS CAUSED BY:	ERIOSCLEROI	IC TEAR	1 DIS	EASE		
1445	DUE TO		.1				
Canditians, if a		SSENTIAL	MYPE	RIENS	ION		
gove rise to cause (a), stoting			1				
lying cause lost.	(c) G	ENERALIZA	SO ARTO	FRID SCL	EROSIS		-
Z PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART 1(o) 19. WAS A	
PART II. OT	5	ENILITY					
	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II af	item 1B.)		-
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	G CAUSE OF DEATH						
N 20c. TIME OF INJUI	RY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. P	LACE OF INJURY (Hame, for	m, 20f. (City or to	wn)	(Caunty)	(State
20c. TIME OF INJUI Hour a.m. p.m.	While of war	tagt wittle	actory, street, affice bldg., et			,,,,	
	di wai	k at work		111	,		
21. I certify the	hat I attended the deceas						
alive an Al	4RCH 12 , 194	and that deat	n occurred at 10:50	4M, fram the	causes and on	the date stated	obove
	111	0		ADDRESS (Street, o			ESIGNE
SIGNATURE	Allanden to	rodece	M.D	206	Nouve	wam 3	1/2/
				- 1	. /	, , , ,	/
PHYSICIAN'S NAME (Type)			(hen l	hear . 1	1.0	
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION	(City, tawn, ar caun	ty) (Stote	9)
BILT THE Specify		Cedar Hi		Suitla		(31010	,
23. FUNERAL DIRECTOR	17 7	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
_							
Lee rune	ral Home - Wa	Shington, D.	DATE LA	IAD 1 5 '60	Cinthur	& Kraus	

THE SECOND THAT HE SEE STAFF ALC: A STREET OF THE PARTY OF T carried all supplies from and supplies figures. The Line C 98 279179 1 - AMA Stont J. H. Maybe and both SZG-16-1546 | New More C Dayell - Nat - Nat - Nat The sales was the company of the sales of th A CONTRACT OF THE PROPERTY OF THE PARTY OF T Ille unbit The state of the s And the second of the second o

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3553 CERTIFICATE OF DEATH

Reg. Dist. No. (13453

1. PLACE OF DEATH a. COUNTY	1-4	MARYLAND 2.	USUAL RESIDENCE (Where de a. STATE	b. COUNTY	ce befare admission)
b. CITY OR TOWN (If autside RUBAL and give nearest taw	proporate limits, write c. LENG	OTH OF STAY IN 16	c. CITY OR TOWN (If autside Rockville	carporate limits, write RURAL and g	ive nearest tayn)
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give street address)	ja .	d. STREET ADDRESS	del Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Blue - San	Middle	Last 4. D.	ATE Manth	Day Year 3 / 19 60
5. SEX 6. COL	OR OR RACE 7. MARRIED N	DIVORCED 5	ATE OF BIRTH		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of wark dane 10b. KIND OF even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	107	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Brunes	1	4. MOTHER MAIDEN NAME	- eka-	48
15. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, give	. ARMED FORCES? Nar or dates of service)	SECURITY NO. INFO	RMANT CU LINGUE	5715 Avenue	Wille LAUL
PART I. DEATH WAS IMMEDI 3 3 / X Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	brok he tensole	uvuloge vois, ger t related to the terminal D	isease condition given in part	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH (a) 19 WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	SE OF DEATH I	W INJURY OCCURRED. (E	inter nature of injury in Part I o	or Part II af item 18.)	YES NO
20c. TIME OF INJURY Mantl Haur a. m. p. m.		while factory	OF INJURY (Hame, farm, 20f, street, affice bldg., etc.)	. (City ar tawn) (C	(State)
21. I certify that I at alive an March	tended the deceased from	n Much 24, and that death oc		ram the causes and an the	
ACTUAL SIGNATURE 9	ordila He	unter 6 M.D	809 Vão	ESS (Street, city ar tawn, state)	3/3//6
PHYSICIAN'S A. B.	owditch H	outer, In	Norhvi	lle lud.	
REMOVAL (Specify)		AME OF CEMETERY OR CI	3.4	cocation (city, town, or county) ontgomery Cour	(State)
23. FUNERAL DIRECTOR'S SIGNA	OBERT A. PUMP	PHREY Beth	esda, Mar App 4	100	FLORE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3470

03454

1. PLACE o. COL		mery	MARYLAND	2. USUAL RESIDENCE (V.		institution: Residence	before admission) Yon t.
RUB	OR TOWN (If outside co AL and give nearest town) Koma	reparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	Chase	, write RURAL and gi	ve nearest town)
d. NAA OR	ME OF HOSPITAL (If not in INSTITUTION Wash	/	address) Harinant Hosp	15407 W	ootton !	que.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type o	SED	First	Elizabethy	Emmert	4. DATE OF DEATH	Month 3	24- 1960
S. SEX	6. color	R OR RACE 7. MARR	THE PARTIES THANKIED	#-5-04	9. AGE (I	44 4-14	YEAR IF UNDER 24 HRS. Days Hours Min.
Hou	g most of working life, ev	nd af wark dane 10b en if retired)	rael Hurse	Mo	e or foreign country)	12.0112	EN OF WHAT COUNTRY?
Toh.	n Rider	1		14. MOTHER'S MAIDEN	1	ver	
1S. WAS I	DECEASED EVER IN U. S (If yes, give w	ARMED FORCES? 16. or or dates of service) 5	77-52-03500	schington	Sanitari	Address Expert	Hospital Re
Con gov cous	PART I. DEATH WAS C. IMMEDIA: diditions, if ony, which e rise to immediate e (o), stating the <u>underge</u> couse lost.	AUSED BY: TE CAUSE (a) DUE TO Pa	roncho Pneum		n		6 Months
CERTIFICATION OB CO. C.	PART II. OTHER SIGNIF		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ACCIDENT WAS UNDERLY ONTRIBUTING CAUSE THER, NOTIFY MEDICAL E	OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of iten	n 18.)	
	IME OF INJURY Manth, Hour o.m. p.m.	Day, Year 20d. II While of wor	Not while foo	ACE OF INJURY (Hame, for tory, street, office bldg./ et		///	ounty) (Stote)
saw	certify that (i) (this the deceased alive	711	L	M.D. ATTENDING	AED. STAFF PHYS.	_ Mar.	date stated abave. 24, 1960 GIGNED
	PHYSICIAN'S NAME (Type) H. T	. MORSE		^{22d.} ADDRESS 7030 Ca1	rroll Ave	., Takom	a Park,Md.
Cren		-25-60	23c. NAME OF CEMETERY O	Crematory		George C	
	ROBERT A.	PUMPHREY	Bethesda,	Md	2 8 160	Sb. REGISTRAR'S SIGI	

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REALING. BELLING! Despit A. Rosselly Betheads, No. 1 Marst 15 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

etained by the haspital ar attending physician.

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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3554	CERTIFIC	ATE OF DEATH		Reg. Dist. N	6.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Whe			fore admission)
Mont	MARYLAND	Md.	b. COUNT		tgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write		
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 5314 Baltimore Ave		d. STREET ADDRESS /5314 Balt1	more Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARGARY	Middle	E 1 WE	OF	anth a	Oay Yeor
7 W widow	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In year lost birthdoy) Manths Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10f during most of working life, even if retired) HOUSEWITE	at home	New Jer	sey	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
Lewis H. Barrett		Annie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? It (It yes, give was or dates of service)		David L. E'W		to.Ave.	Md. Bethesda
18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]		1	IIN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)	Congestive	heart 1	ailure	Or	NSET AND DEATH
gave rise to immediate code (o), stating the under-lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	ial disease condition o	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 Of two	e Not while fe	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(Caunt)	y) (State)
21. I certify that I attended the deced	sed from ALN	1 as, 19 60, to 2	7 Min. 19	6 that I last	saw the deceased
alive on a 6 Man, 19		h occurred at 31 00 A		and on the d	
ACTUAL SIGNATURE Health of the	of applies	м. 5029	Bethisd	a Com	27 Mars
PHYSICIAN'S HERBERT M	ARTYN JR	Bet	tesda M	1	
226. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/28/1960	22c. NAME OF CEMETERY (OR CREMATORY	22d. LOCATION (City, town Northfiel	d, N.J.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTROR 246. RE	GISTRAR'S SIGNAT	YREA

	TE OF DEATH	CERTIFICA	
TO SECURE	. No.		Track Company
	ab reliated		clande
	ergnord FeB \$138		DETA BETWEEN PERSONS
ALU A		THEOR ES	on the anold
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andres . wa. odig . 5		Table 1 and	TOTAL COLUMN TO SECULIAR SECUL
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VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

	3555 CERTIFICATE OF DEATH Reg. Dist. No.	03456
1. P	LACE OF DEATH O. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY Monta	e admission)
13	c. CITY OR JOWN (If outside corporate limits, write RURAL and give real RURAL and give	P.O.)
-	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	ON A FARM? YES NO D
3. P	NAME OF Sirst Middle Last 4. DATE Month Day SECEASED Type or print) Mary Ellen Forney 4. DATE Month Day DEATH 3 98	1968
5. S	female 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lest birthday) Months Days Months	Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wash 12. CITIZEN OF 2	WHAT COUNTRY?
13. 1	James OBvien Margaret Hughes	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 6 421 Among a company (If yes, give war or dates of service) Navgaret Wywkosp Broad	3 vool St
		RVAL BETWEEN ET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO deltriaration (b) DUE TO deltriaration	4 years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO D
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of	(Stote)
	21. I certify that I attended the deceased from white 16, 1954, to March 28, 1969 that I lost sow alive on March 28, 1960, and that death occurred at 4 PM, from the causes and on the date ADDRESS (Street city or town, state)	
	ACTUAL SIGNATURE (CLEW SCHOOL) Neel M.D. 8601 Old Georgetawn	Rel
20.	PHYSICIAN'S Allen J. O. Neill Betherda 14	Md
	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Va BURIAL 3-31-60 arlington National arlington	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WAS NO 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE ADDRESS OF A 240. REC'D BY REGISTRAN 246. REGISTRAN 246. REC'D BY REGISTRAN 246. REGISTRAN 246. REC'D BY REGISTRAN 246. REC'D BY REC'D B	

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VS A15 (4) 15M 9/5B 關

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3504

CERTIFICATE OF DEATH

Reg. Dist. No. 03457

		_							
2.5	Gaithersb	urg	MARYLAND	2. USUAL RESIDENCE (V		lived. If instituti b. COUNTY			ssion)
	on te omery (If outside corporate lim	ite weite	c. LENGTH OF STAY IN 16		yland	4 11-14 14- D	Mont		
RURAL ond give	neorest town)	its, write	c. LAGIN OF STAT IN IB	c. CITY OR TOWN (IF	outside corpore	are limits, write k	UKAL ona give	a negrest tov	with
Gaither	sburg. Het		& Da	Gaithe	ersbur	r. (Rire	1)		
d. NAME OF HOS	PITAL (1500 how italy	ive street	rick Ave	/ d. STREET ADDRESS					SIDENCE
OK INSTITUTIO				7 11-				VECT	A FARM?
	Rest Have	n Ke		R F D #3	5			163	J NOX
3. NAME OF DECEASED (Type or print)	Fi		Middle Jacks	Lost	4. DATE OF DEATH	Man		Day	Yeor 1960
5. SEX		ner		B. DATE OF BIRTH		Mar AGE (In yeors	IF UNDER 1 Y	YEAR IS LINE	
J. JEA	6. COLOR OR KACE	/· MARR	IED NEVER MARRIED	B. DATE OF BIKIN	,	lost birthdoy)		oys Hours	7
Male	Waite	WIDOWE	D DIVORCED	Aug 18-188	30	79 yrs.	7 1		
10o. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign cou	entry)	-	N OF WHAT	COUNTRY
during mast of w	orking life, even if retired)			Title State of				
Ret.	Farmer		Farming	Limeter			US	A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
THe rose of	n D Weste	-		Was no hole o	. 10				
	P R FOSTO		COCIAL SECURITY NO	Martins	Deale .	Add	rate		
(Yes, no, or unknown)	If yes, give wor or dates of s	ervice)	SOCIAL SECORITI NO.	IN OKNOCIAL		Add	1632		
		220		William J.	Feste:	n Gott	hersb	11 22 62	Ma.
IR CAUSE OF	DEATH Enter only one co	uve per lin		19	1.42.66	- uari	101 a 4	INTERVAL E	RETWEEN
		rose per im	is for (o), (b), and (c).]	T. 1	0			ONSET AN	D DEATH
PARI I, L	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	HEAVT	Tal (10	ve.				
221	✓ DUE TO)							
201	^	0		Vascula	1 A	crido	+		
Conditions, if			ereoral	01130012		CCCCIE	1		
cause (a), statis									
lying couse lo		1	Brain Hem	-brrhase 1			100		
Z PARY II (ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TER	MINIAI DICEACE	CONDITION GIV	/ENI INI PART 1	(a) 10 WAS	ALITOPSY
PART II. C	JIHER SIGNIFICANT CON	DITIONS C	ONIKIBUTING TO DEATH BU	INOI KELAIED IO INE IEK	MINAL DISEASE	CONDITION GIV	EN IN PART I		ORMED?
3								YES [NO
본 20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port	II of item 18.)			
OR CONTRIBUTION	NG CAUSE OF DEATH								
	IFT MEDICAL EXAMINER)								
20c. TIME OF INJ	JURY Month, Day, Ye	ar 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, far	rm, 20f. (City	or town)	(Cou	inty)	(Stote
Hour o. r	10	While	IAOL MILLS	ctary, street, office bldg., e	etc.)				
₹ p. r	n. '/	ot work	ot work		-				
21. I certify	that Lattended the	decease	ed from Feb	1960 to 1	narch	1960	That I last	saw the	decenser
	2/18	/			2		1 1031	3011 1110	
alive an	2/40	19	and that death	accurred at \$:30					
	/	()	1		ADDRESS (Str	eet, city or town,	state)	DA	ATE SIGNE
ACTUAL SIGNATURE	(X	1118 -	us (+d)	1 the	-5 bur	- E 1	rel	
SIGNATURE				M.D.			-0		
PHYSICIAN'S NAME (Type)	Lucian	- 0	1. Le1	M.D.					
220. BURIAL, CREMA	TION, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATI	ON (City, town,	or county)	(\$)	ote)
REMOVAL (Spec		13-17		A CHEMATORI	320. 120.			(311	0.01
Burial	3/30/60		ParkLawn		Reck	ville.	Ma.		
23. FUNERAL DIRECTO	OR'S SIGNATURE	6.	ADDRESS	2/9. REG	C'D BY REGISTR	AR 24b. REGI	STRAR'S SIGN	ATURE	
True.	no Jan	in	(Laidhers	Derry MATE	4AR 3 0 '6	0 0	11 . 0 4		
				DAIE N	MAIL O A O.	- U	thun S. 1	MANA	

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aurs after death. Page 4

M

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may fained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers.—Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3558

CERTIFICATE OF DEATH

			U	J	4	C	1
Reg.	Dist.	No.					

1.	PLACE OF DEATH a. COUNTY Montgomery			MAR	RYLAND	2. USUAL RESI		nere deceased	d lived. If instituti b. COUNTY		nce befo	re odmis	sion)
Г	b. CITY OR TOWN (If RURAL ond give ned		its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR	TOWN (If o	outside corpo	rote limits, write R	URAL ond	give nec	prest tow	n)
	Bethesda	, iosi iowii,		144 days		Browns	ville				50	2x-	.3
	d. NAME OF HOSPITA	AL (tf not in hospitot, g	give street	oddress)	11/17	d. STREET A						e. IS RE	SIDENCE A FARM?
	The Clinic				Md.	Route	# 1.		200				NO K
3.	NAME OF DECEASED	Fir		Middl	le	Las	st	4. DATE OF	Mor	ith	Do	у	Year
	(Type or print)	Faunei	1	Garald	ene	Fox		DEATH	March		24		1960
5.	SEX	6. COLOR OR RACE	7. MAR	RIEDE NEVER MARK	RIED 🔲	8. DATE OF BIRT	Н	A	9. AGE (In years lost birthdoy)	IF UNDER Months		-	ER 24 HRS
	Female	White	WIDOW	ED DIVORC	ED 🔲	Septemb	er 18	,1913	Ц6 угз.	Months	Doys	Hours	Min.
10	during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
	Housewife	ng me, even n temed	,	None			Indian	na			U.S	S.A.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME	-3.50	45			
1	Willis Ola	nd				Eva	James						
	WAS DECEASED EVER			SOCIAL SECURITY N	O. II	NFORMANTTh		ical R	ecord Add	ress			
(1	No (I	f yes, give war or dates of s		16-26-2028					Bethesd	a 71.	Mon	zylar	nd
F	18. CAUSE OF DEAT	TH Enter only one co		ine for (o), (b), and (c			-		20011000				ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	A	cute Pulmon	- 4	Edema					ONS	ET AND	DEATH
	1950	IMMEDIATE CAUSE (d	/)										
	Conditions, if on		M	etastatic A	Adrer	al Cort	ical (Carcin	oma			5 Ye	ars
	gove rise to im	mediote ()								+		
	lying couse lost.	ne under-									- 60		
Z) (c ER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CATION											(-/	PERF	ORMED?
	20a. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in	Port 1 or Por	t II of item 18.)			125 6	110
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH											
	20c. TIME OF INJURY		or 20d I	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (City	or town)		County)		(Stote
MEDICAL	Hour o. m.	19	While	Not while		ctory, street, offic				,	200,,		(5.0.0
2	p. m.		ot wo		_			1			_		
				sed from Novel	mber_	1_, 1959	to Me	rch_2	4, 1960	that I lo	ast sav	v the c	decease
	alive on Marc	n 24	, 19_6	00 and tha	at death	accurred at			the causes ar		e date		
	ACTUAL	41.0	0	11	,				treet, city or town,	stote)	-		TE SIGNE
	SIGNATURE	Jordon.	<u>C</u> .	Thay	11	M.D. The	Clinic	cal Ce	nter		3.	-24-	00
	PHYSICIAN'S NAME (Type)	GORDON C.	SHAR	P, M.D.		Natio Bethe	onal]		utes of l	Healt	h		
22	BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF CEA	METERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Sto	ite)
B	ur-Transi	t 3/25/	60	West Le	band	on		Wa	rren Co	ounty	,]	indi	lana
23.	FUNERAL DIRECTOR'S		т.	ADDRESS	Mo	mrl and	24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
	Robert A.	Pumphre	y	Bethesda,	, Ma	ryland	DATEMA	R 2 8 '6	0 Cir	thun S.	Krau	4	

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the registror prior ta buriol, crematian, or removol, and in any event within 72 haurs ofter death

3557

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

03459

									nog. Dim.		
	PLACE OF DEATH o. COUNTY	Montgomery		MARYLANI		USUAL RESIDENCE (Who o. STATE Marylan		l lived. If institution b. COUNTY	Montg		
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits earest town)	, write	c. LENGTH OF STAY IN 1	5	c. CITY OR TOWN (If o		rote limits, write R	URAL ond give	nearest	town)
	Bethesda			17 days	1/8	Silver Spr	ing				
		AL (If not in hospital, gir		thesda 14. Md	/	d. STREET ADDRESS 12913 Neola	a Poad			0	RESIDENCE N A FARM?
2	NAME OF			Middle			4. DATE			-	
	DECEASED (Type ar print)	First Lyni		Beth		Freedman	OF DEATH	Marc Marc		6	19 60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months Day	_	
	Female	White	WIDOWE	D DIVORCED	J	une 18, 1949	9	10 yrs.	Months Day	/s Ho	urs Min.
10c	. USUAL OCCUPATIO	ON (Give kind of work de king life, even if retired)	ne 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. 8IRTHPLACE (State	or foreign co	ountry)	12.CITIZEN	OF WH	AT COUNTRY
	None (Stud			None		District of	f Colu	mbia	U.	S.	A.
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			-	
	David Fre	edman				Irene Brown	nman				
15.		R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	INFO	RMANT The Me	dical	RecordAdd	ress		
(10	no	(If yes, give war or dates of ser		None	The	Clinical C	enter.	Bethesd	a 14. N	lary!	Land
	18. CAUSE OF DEA	ATH [Enter only one cou	se per lin	e far (a), (b), and (c).]					11	NTERVA	L BETWEEN
		TH WAS CAUSED 8Y:		ra-Abdominal	Hem	orrhage from	m Meta	stases	C		ND DEATH
	1950	IMMEDIATE CAUSE (a)	Adre	enal Cortical					0	1100	W
	Conditions if a			itoneal Cavit				.504565 0		7 M	onths
	Conditions, if a	mmediate (D)	161.	TOOMEST OSAT	J 3	Diver and D	miga			1 120	AL OILS
	lying couse lost.	the under- DUE TO									
Z.		J (c).	ITIONS C	ONTRIBUTING TO DEATH !	III NO	T DELATED TO THE TERMI	NIAI DICEACE	CONDITION GIV	EN INI PART 1/a	1 10 W	AS ALITOPS
CATIO		Severe Cache		ONTRIBUTING TO DEATH	301 140	I KELATED TO THE TERMI	NAL DISCASI	CONDITION GIV	EN IN PART I(C	PE	REFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OCCUP	RRED. (E	nter noture af injury in F	Port I ar Part	Il of item 18.)	336		
	20c. TIME OF INJUR	Y Month, Day, Year	20d. IN	JURY OCCURRED 20e.	PLACE	OF INJURY (Hame, form	, 20f. (City	or town)	(Cour	ity)	(Stote
MEDICAL	Hour o.m. p.m.	19	While	Not while of work	foctory	, street, office bldg., etc.)			,,	
	21. I certify th	at Lattended the	decease	ed from February	18	, 19 60 to Ma	rch 6	19 60	that I last	caw th	e decense
	alive on Mar	ch 6.	, 19	50 and that dec	ath ac	curred at 3:35p	M fram	the course on	d on the d	ate sta	ited above
		111	-/ '/	0 . 1	JIII (JC			reet, city ar town,			DATE SIGNE
	ACTUAL	Solly Leeu	un	Teurs h.	44.0	The Cli	nical	Center	3	3-6-6	50
	//	The Color of the			m.D			titutes o	f Heal	th	
	PHYSICIAN'S NAME (Type)	JOHN LEEMA	N LEA	VIS, JR.				Maryland			
220	BURIAL, CREMATION REMOVAL (Specify)	MAR-7,1	960	ELESAVET	OR-CI	PEMATORY	22d. LOCAT	ION (City, town, o	or county)	· C -	(Stote)
23.	FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS -6	A	24a. REC'I	D 8Y REGIST	RAR 24b. REGIS	STRAR'S SIGNA	TURE	-7.33
E	3. DANZAI	VSKY + SON	5 - 3.	501-14 th St	/V	M. DATE	MAR 8	180	Outling 9	there	14

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MAR 8

DATE

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		17 days		
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	nimental engine at incline engine			merijaan fahvel
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moy rained by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. 75 AIS (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH N

03460

CERTIFICATE OF DEATH

		501		CE	RTIFIC	ATE	OF DEAT	TH		Reg. Di	ist. No	215		
	Montgomery				MARYLAND	0	ISUAL RESIDENCE (Vo. STATE	Where decease	d lived. If instituti b. COUNTY	on: Reside			ion)	
	Bethesda	outside carporate limi ogest town) (Rural)	ts, write	c. LENGTH OF		CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville							1)	
	d. NAME OF HOSPITA OR INSTITUTION U.S. NAVAL	(If not in hospital, g Hospital,	Beth	esda Md			d. STREET ADDRESS 301 Park I	Road				e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	Fir Richa		Rollie	Middle	FR	Last ENCH	4. DATE OF DEATH	March	ith	7	,	Yeor 1960	
_	ale	6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED					3-6-60		9. AGE (In years last birthdoy) yrs.	Manths	Days	Haurs	24 HRS.	
N	one	N (Give kind of wark on ng life, even if retired)	lane 10b.	None	iess or indi	JSTRY	11. BIRTHPLACE (SIO	-	country)	12. CIT	U.S.		OUNTRY?	
	father's NAME onald Fren	ch					. MOTHER'S MAIDEN Betty Ann		ic.					
15.	WAS DECEASED EVER		ervice)	social securi		INFOR			Add	ress				
Z	PART I. DEAT 762 Conditions, if on gave rise to im couse (a), stoling Il lying cause lost.	mediate (, Ca	telec	tası		nlon			VFN IN PA	ON	ERVAL BE	his	
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	JOHN CAUSE OF DEATH	ati	inity	(+m	un	the lug ter nature of injury i	e da	tes)			PERFO	RMED?	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While	NJURY OCCURRI Nat while of work	fe		DF INJURY (Hame, fo street, office bldg., e		y or tawn)	((Caunty)		(State)	
	ACTUAL SIGNATURE	of I attended the arch (Vowar A. PEARSON	., 19 cl (LT)	Rec	March that deat		U.S. Nave	al Hosp	the couses or street, city or town,	thesd	e dote a Mo	DAT	eceased l obove, E SIGNED	
22c	BURIAL, CREMATION REMOVAL (Specify) UT181	3-//- a	F (20)	22c. NAME O	F CEMETERY	OR CRE		Ro	ckville			ylan		
	FUNERAL DIRECTOR'S Tyson Whee.	_/~70%	tgome	he ADDRESS ry Ave.	Rockv	ill		AAR 1 1 '6		strar's si	1.4			

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1 1%	It	ms 18821 Film ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3461
FOR STATE		Item 7 Film G260 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	4 4
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	
£ X 1	1"	o. COUNTY MARYLAND O. STATE M. O. COUNTY MARYLAND	tri
F 5 5		C. CITY OR TOWN (If outside corporate limits, write RURAL and give negles (Flyn))	rest lown)
के हैं हैं		Takonia Park 3 months 17 Takonia Park	
dire oard		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
he Bed		8012 Flower aux 8012 Flower Cur	YES NO
retain State r deat		NAME OF DECEASED (Type or print) Raul William FRY TXXXX DEATH Man 8	Yeor 1960
of the state of th	5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR)	IF UNDER 24 HRS.
E A S		Male what WIDOWED DIVORCED \$\1/-28-1916 43 yrs. Months Days	Hours Min.
Page 5 and 2 n 72 h		. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF during most of working life, even if retired) aborer - Fabrication plant OHIO 97. S	WHAT COUNTRY?
20 2 T		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
62 9 5	4	Unknown	18
File File		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FTY Address	
a sign	L	YES # 2 WW 269-18-3680 Mrs. Margaret Mae Hocar, 734 Longfellow	
slang v		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary atelectasis	MAL DETWEEN
ons:	1	353.3 DUE TO	4
offi emo		Conditions, If ony, which) post epileptic seisure - natural cause	
o buri		gove rise to immediate cause (a), staling the underlying cause lost. (c)	
Sed os emotio	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15 Found dead in bed	PERFORMED?
Medically cr	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
g the was a shault to but	WEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) While Not work of wo	(Stote)
oge prior	-	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	and in my
ded to		opinion deoth resulted from: Notural causes (2), Accident (1), Suicide (1), Hamicide (1), Undetermined manne	,
artific farwar or RECI		SIGNATURE Trans J. Brosshart M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
RRAL design		EXAMINER'S FANK J. BROSCHZAK DEPUTY MEDICAL EXAMINER 3-8-	60
13 C C C C C C C C C C C C C C C C C C C	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county)	(State)
0 5	E	URIAL 3714700 ARLINGTON NATIONAL GENETERY ARLINGTON, VIRGINIA	
5. A15ME 5M 2/57	23	FUNERAL DIRECTOR'S SIGNATURE ARNER E. PIMPHREY, INC. SILVER SPRING, MD. DATE MAR 1 5 '60 Cultury 2. Known	

1.52	as Anno Missach — Massath and a maint meanth their for parent are well as a fine of the control									
	MINER'S CERTIFICATE OF DEATH	į. v								
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rilled in by the funeral directar, TO FCIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page a snavia be detached for use as the burial-transit permit. Then plete registrar priar to burial, aremotian, ar removal, and in ony event with e retained by the hospital or attending physician.

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

VS A1S (4) 1SM 9/SB

	000		CERT		AIL OI DEA	711			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Montgomer	У		MAI	RYLAND	2. USUAL RESIDENC d. STATE Colorado	E (Wh	ere deceased	lived. If institution b. COUNTY	on: Residence	before od	Imission)
b. CITY OR TOWN (RURAL and give no	If outside corporate limi earest town)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	۱ (If a	utside corpor	ote limits, write R	URAL ond giv	e nearest	town)
Bethesda			6 days	8	Walsenbu:	44	LX-	5			
OR INSTITUTION	Cal Center			Md.	Box 112	SS				0	RESIDENCE IN A FARM?
3. NAME OF	Fir		Midd		Last		4. DATE	Mon	A\$	_	
DECEASED (Type or print)	Joseph		Edva		Garcia		OF DEATH	March	rn	Day 2	Yeor 19 60
5. SEX	6. COLOR OR RACE		IED NEVER MARI		B. DATE OF BIRTH	-			IF UNDER 1		NDER 24 HRS.
Male	White	WIDOWE		421	December	25,	1946	9. AGE (In years lost birthday) 13 yrs.		ays Hai	1
10a. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(Stote	or foreign ca	untry)	12. CITIZE	NOFWH	AT COUNTRY
Student			None		Colo	rad	0		1000	U.S.	Α.
13. FATHER'S NAME		D.			14. MOTHER'S MAIL	DEN N	IAME				
Silbino G	arcia				Elvira	Mar	tinez				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	IO. II	NFORMANT The			lecord Add	ress		
No	(ii yos, give was as adias or s		None	Th	e Clinical	Ce	nter.	Bethesda	11. N	arvl:	and
PART I. DEA TSS. C Conditions, if o gove rise to i cause (a), stoting lying cause last.	mmediote (Me	tabolic ac	cidos	is due to				'EN IN PART I	24 h	L BETWEEN AND DEATH
PART II. OTH Acute lym 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	phocytic le				1 nervous a				it		REFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	TOO. DES	SKIDE HOW HOOK!	OCCORRE	b. (Ellier Holore of Hijo	,	,	11 01 110111 10.3			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yes	20d. It While at war	Not while at work	20e. PL/ foo	ACE OF INJURY IHame ctory, street, office bldg	, farm J., etc.	20f. (City	or town)	(Co	unty)	(Stote)
21. I certify the alive on Mar ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Caurence Lawrence	2. X	and the	at death	occurred at 7:	15A ini al	M, fram ADDRESS (SH cal Ce Instit	the causes an	d an the (date sta - 3/2	e deceased ated abave DATE SIGNED 2/60
220. BURIAL, CREMATIC REMOVAL (Specify) Removal	3/3/60	F	22c. NAME OF CE	METERY O	R CREMATORY	4	22d. LOCAT	ION (City, tawn,			(State)
23. FUNERAL DIRECTOR The S.H.	S SIGNATURE Hines Co.	29	ADDRESS 11 th	St.,	N . W . DAT	6.6	D BY REGISTI	RAR 24b. REGI	STRAR'S SIGN	Thank	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3560

CERTIFICATE OF DEATH

03463

								Reg. Dist. N	0.		
. PLACE OF DEATH		100			AL RESIDENCE (M	Vhere decease			fore admiss	sion)	
2.0	ntgomery		MARYLAND	0.5	Marv]	Land	b. COUNTY	Montgon	nerv		
b. CITY OR TOWI	N (If outside carporote lim	its, write	c. LENGTH OF STAY IN 16	# "							
77	thesda		12 hrs.	56 Silver Spring							
d. NAME OF HO	SPITAL (If nat in haspital,	give street		d. 9	TREET ADDRESS				e. IS RES	SIDENCE A FARM?	
-	burban			1	1706	Sanfor	d Rd.] NO [
NAME OF DECEASED (Type or print)		na D	. Gary		Last	4. DATE OF DEATH	3/30%	160	-/	Year	
s. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years		_	T	
Female	White	WIDOWE		8	17/79	92.1	last birthday) 80 yrs.	Months Days	Hours	Min.	
Da. USUAL OCCUPA	ATION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR INDI	USTRY 11.	BIRTHPLACE (State	e ar foreign c	ountry)	12. CITIZEN	OF WHAT C	OUNTRY	
none	warking life, even if retired	2)		1 0	Wash	n. D. C		U.S.	Α.		
3. FATHER'S NAME	PARENT SE			14. M	OTHER'S MAIDEN						
Will	iam Dyre			300	Millice	ont Par	ker				
5. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	INFORMA		210 201		Iress			
Yes, no, or unknown)	(If yes, give war or dates of	service) 5	79-20-6488 T	langht	er Wini	fred	N. Garv	same	as 7	#2	
Tip CAUSE OF	DEATH [Enter only one co	avea mar lie		augin	er der		210 01012 3		ITERVAL BE	ETWEEN!	
	DEATH WAS CAUSED BY:	oose per m	10 (0), (b), ond (c).	,	ne /	a	/ -		NSET AND		
TAKI I. I	IMMEDIATE CAUSE (1	aron Aul	. 6	- VITU	9 (7)	EP 141 17	coul	62 11	0 1 A.	
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lying couse lo		c)	1								
Z PART II.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?									AUTOPSY	
Š M	itrol stenos	sis								NO 🗌	
PART II.	WAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter	nature of injury in	Part I ar Par	t II of item 1B.)	- 111.0			
	IFY MEDICAL EXAMINER)										
NO 20c. TIME OF IN	JURY Month, Day, Ye	ear 20d. It	NJURY OCCURRED 20e. P	LACE OF I	NJURY (Home, for	m, 20f. (City	ar tawn)	(Count	у)	(State	
Hour o.	10	While of wor	Not while	actary, stre	et, affice bldg., e	tc.)					
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ACTUAL	9	01			11111	ADDRESS (S	treet, city or town,	stote)	DAT	TE SIGNE	
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PHYSICIAN'S	Goonfo Sh	0220	0				(80 D	ritar	1 . 1		
NAME (Type)	George Sh	arpe					reces	47 h	and		
22a. BURIAL, CREMA REMOVAL (Spec	TION, 22b. DATE THEREG	OF.	22c. NAME OF CEMETERY	OR CREMA	TORY		TION (City, town,		(Stat	ie)	
buria		0	Congressi	onal	Cem.	Was	hington	, D.C.			
3. FUNERAL DIRECT			ADDRESS	011	240. REC	C'D BY REGIS	RAR 24b. REG	ISTRAR'S SIGNAT	URE		
768#	Dene 60	-	2901-1471	11/	LAHOLTE	40D 1	160	Callun &	Kroug		

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3557

CERTIFICATE OF DEATH

113464

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery New Jersey CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town) 222 days Bethesda Clifton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 38 Mayflower Street The Clinical Center, Bethesda ll. Md. NAME OF 4. DATE Month Year DECEASED (Type or print) Angel a DEATH Catherine Gottlieb 1960 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys WIDOWED 4 DIVORCED [Female December 2 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Italy U. S. A. Housewife None 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ursula Magenetto Joseph Bunino 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT The Medical Record Address The Clinical Center, Bethesda ll. Maryland No None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thyroid Carcinoma, Metastatic to Lungs DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (0), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus, Purulent Tracheobronchitis YES X NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work ot wark 21. I certify that I attended the deceased fram, July 29 19.59, ta March 7, 19.60, that I last saw the deceased and that death accurred at 12:10%, from the causes and an the date stated above. alive on March ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S JOHN W. SINGLETON. NAME (Type Rethesda lk. Maryland 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) Bur-trans 3/8/60 New Jersey Calvary Patterson 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryland DATE MAR 1 0 '60 Orthug & Home

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Limes and mail TO SEPTIME The Chancel Content Detached the St. 18 Mary Color Street andread at the street Tareful State (1974) - State (1974) - State (1974) - State (1974) - State (1974) A PART OF THE PROPERTY OF THE PART OF THE broom leafer of the second of onimic tires of None The Citation (Sailer, School and one) punci of attatation, conformal acording Makintan philipped and the Property and the secondary THE STATE OF THE STATE OF CONTROL THEFT IN SECTION SELECTION Attempt to agrued family Innotited The probability . There we will be a second The London Lytte-bands according Bur-Canal 3/8/60 Calvary Patterson New Horsey Acbert A. Penaphrey-Betnesde, Maryland

FOR STATE HEALTH DEPT. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after (1). If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours prior death. 1 VS. A15ME 5M 7/59

1De.

CERTIFICATION

MEDICAL

220

Division of	STATISTICAL MEI	MARY RESEAR DICAL	CH AND RECORD	DEPARTMENT DS, 301 W. PRESTO'S CERTIFICA	ON STRE	ET, BALTIMO	ORE 1, MA	RYLANI	3465	
1. PLACE OF DEATH • COUNTY				2. USUAL RESIDE	NCE (Where	deceesed lived, If i		ence before	edmission)	
Montgomery b. CITY OR TOWN (if o	utside comorete limi	be I	MARYLANS c. LENGTH OF STAY IN 1	Georgia	I /Id a substitute a	orporate limits, writa			V	
Write KUKAL end g	iva neerest town)	13,			(II OUISIGE C	orporate timits, write	KUKAL end giv	I I I I	wn)	
Bethesda d. NAME OF HOSPITA	L OR INSTITUTION (if not in hospi	16 days	Atlanta d. STREET ADDRES	S			e. IS RESIDENCE		
The Clinic			esda 14, Md.	1503 Mot	ry Ave		G	YES _	NO T	
DECEASED	First		Middla	Last	4. DAT		Da	y Yee	er.	
(Type or print)	Bobl	- 0	(None)	Grant	DEA	Mar			60	
5. SEX	S. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Devs		R 24 HRS.	
Male	Negro	WIDOWED		July 26, 19		<u>4</u> угв.				
1De. USUAL OCCUPATIO dona during most of worki			ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ta or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?	
Child		Nor	ne	Georgia		VT L	U.	S. A.		
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
Robert Gra			OCIAL SECURITY NO. 17	Emma Coc						
	ATH [Enter only one WAS CAUSED BY, MEDIATE CAUSE (e) DUE TO Which Couse (b)	cause per lin Cardi: Ventr	e for (e), (b), and (c).] ac arrest du	he Clinical (te to nitrous al defect and	enter, oxide	Bethesda	La	NTERVAL BE	TWEEN	
(e), stating the und	arlying DUE TO		genital hear	t disease			100	Life		
PART II. OTHER S PART II. OTHER S	IGNIFICANT CONDI			NOT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)		AUTOPSY ORMED? NO	
20a. EXTERNAL CAU PRIMARY Or CON' CAUSE OF DEATH.		Db. DESCRIB	E HOW INJURY OCCURED	O. (Enter neture of Injury in P	art I or Pert II	l of item 18.)				
20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Ya	ar 20d. IN Whila at work	Not Whila	PLACE OF INJURY (Home, fe fectory, street, office bldg., a		City or town)	(County)		(State)	
21. I certify that	I took charge o	of the rema	ins described above,	held an Autopsy 🔀	Inspectio	on , Inquir	y , ar	d in my	opinion	
death resulted fro	Matural ca	auses X.	Accident . S	uicide , Homicide		Undetermined m	anner 🔲			
ACTUAL SIGNATURE	Trank	131	oschart	M.D. ASSISTANT MI	EDICAL EXAM	AINER		DATE SIG	1 -	
EXAMINER'S NAME (Type)				DEPUTY MEDIC		_		3-1-	60	
22e. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THERE	roscha ₂	2c. NAME OF CEMETERY	Address (Street OR CREMATORY		CATION (City, town,	or country)	(Sta	ita)	
23. FUNERAL DIRECTOR	Lineral 6	Hema	ADDRESS 369.PS	. ave. nw DAMA		ISTRAR 646! REG	STRAR'S SIGN			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03466

		3303		CERTIF	CATE	OF DEATH					
1	o. COUNTY Montgomer			MARYL	ANID	usual Residence (W o. STATE Maryland	here deceased	lived. If institution b. COUNTY Montgo		efore admis	sion)
	RURAL ond give ne	/	write c. LE	NGTH OF STAY I		c. CITY OR TOWN (IF	outside corporo	ote limits, write RL	JRAL ond give	nearest tow	٦)
-	d. NAME OF HOSPITA	(Rural) AL (If not in hospital, give	street oddres	4 days		Bethesda d. STREET ADDRESS	5/			e. IS RES	IDENCE
1	U. S. Nava	al Hospital				9602 Wadswo	orth Dr	Lve			FARM?
3.	NAME OF DECEASED (Type or print)	First Mary		Middle Ann		GRANT	4. DATE OF DEATH	Mar			Year 19 60
S.	. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIE	D 💢 B. C	ATE OF BIRTH	9	. AGE (In years lost birthday)	Months Day		R 24 HRS. Min.
-	Female		DOWED [DIVORCED		3-22-60		угз.	1		
	None None	N (Give kind af work doniing life, even if retired)	10b. KIND	OF BUSINESS OR		Maryla	and	intry)		S.A.	OUNTRY?
13	B. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
1	Robert GRA					Ann Yvor	ine BRI				
	fes, no, or unknown) (R IN U. S. ARMED FORCES If yes, give war or dates of service	e)	AL SECURITY NO.	17, INFO			Addr	ess		
-	No	TH [Enter only one couse	No		Hos	pital Recor	ds			NTERVAL BE	
Z	Conditions, if or gave rise to in couse (o), stoting I lying cause last.	the under-	ONS CONTR		le ma		AINAL DISEASE	preses	EN IN PART 16	24	AUTOPSY
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)										
MEDICAL CE											
	21. I certify that (I) (this tospical) attended the deceased fram March 22 1960, to March 26 1960, that (I) (March 26 1960, and that death accurred at 0250, fram the causes and an the date stated aba 220. SIGNATURE ATTENDING X MED. STAFF 22b. DAT 3-26-60 22c. PHYSICIANS NAME (Type) G. B. AVERY. LT. MC. USN U. S. Naval Hospital. Bethesda. Md.										dabave. b. DATE SIGNED
2:	3a. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 23b. DATE THEREOF	23c.	Mt. Oliv		REMATORY	23d. LOCATIO	ON (City, town, o	r county)	(Sto	,
2. F	FUNERAL TRECTOR	Confirme	neug	ADDRESS Bethesda			D BY REGISTR	AR 25b. REGIS	TRAR'S SIGNA	TURE	
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CERTIFICATE OF DEATH

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24 hours after death. Page 4

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the performed by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond co	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon po	the State Board of Health priar to buriol, cremation, ar remayal, and in any event, within 72 hau
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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

a. COUNTY Montgomer	У		MARYLA		o. STATE Distri	Lct of	colu	d lived. If institution in the mbia.	tion: Reside Y	ence befo	re admis	sion)
b. CITY OR TOWN RURAL ond give r Bethesda		ts, write	c. LENGTH OF STAY IN	1Ь.	c. CITY OR T		tside corpo	rate limits, write	RURAL ond	give ned	7X	-3
OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET AL		oad.	N. W.				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Alvi		Middle Rav		lost GREER		4. DATE OF DEATH		onth Ch	Do 22	1	Yeor 1960
s. sex Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		3-22-6			9. AGE (In years lost birthday) yrs	Months	R 1 YEAR Days	Hours	Mig.
10a. USUAL OCCUPATI	ION (Give kind of work or rking life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUSTRY		ACE (State o		auntry)	12. CI	U.S.		COUNTRY
13. FATHER'S NAME Wilburn	H. GREER				Audre	MAIDEN NA						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of so		None	17. INFO	rmant spital	Recor	ds	Ad	dress			
	immediate	, 7	ne far (a), (b), ond (c).] Leonats Prema	lu	afel	erta	ele			INT	ERVAL BE	DEATH
200. ACCIDENT W	(c) THER SIGNIFICANT CON TAS UNDERLYING G CAUSE OF DEATH	DITIONS	CONTRIBUTING TO DEATH						IVEN IN PA	ART 1(o) 1	PERFC	AUTOPS ORMED? & NO [
(IF EITHER, NOTIFY 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED 20 k ot work	e. PLACE foctor	OF INJURY (F y, street, office	Home, farm, bldg., etc.)	20f. (City	or town)		(County)		(Stot
	osed alive an Ma		ded the deceased fr. 22 1960, and the	M.C	ATTENDING PHYS.	at 7:50 A MEE SSS	D. ECTOR	March 22 the causes a STAFF PHYS. pital, I	nd an th	ne date	stated	
REMOVAL (Specify Burial 24 FUNERAL OFFECTOR	ON, 236. DATE THEREC	of)	23c. NAME OF CEMETE Arlington APPRESS me, Bethesda	RY OR C	rematory		23d. LOCA Ar]	TION (City, town,		Vir	(Sto	
205	11817	(V	/ De thesus	., 100								

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N. A. T. L. A.		, removes	With the Design	

MARYLAND STATE DEPARTMENT OF HEALTH 3565 CERTIFICATE OF DEATH

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Page 4	n by the funeral directar, nd 2 should be filed with	
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O HOW AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within consistent may shained by the haspital ar attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shout the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.

TO HOP	moy	TO FUNERA	page 3 sh
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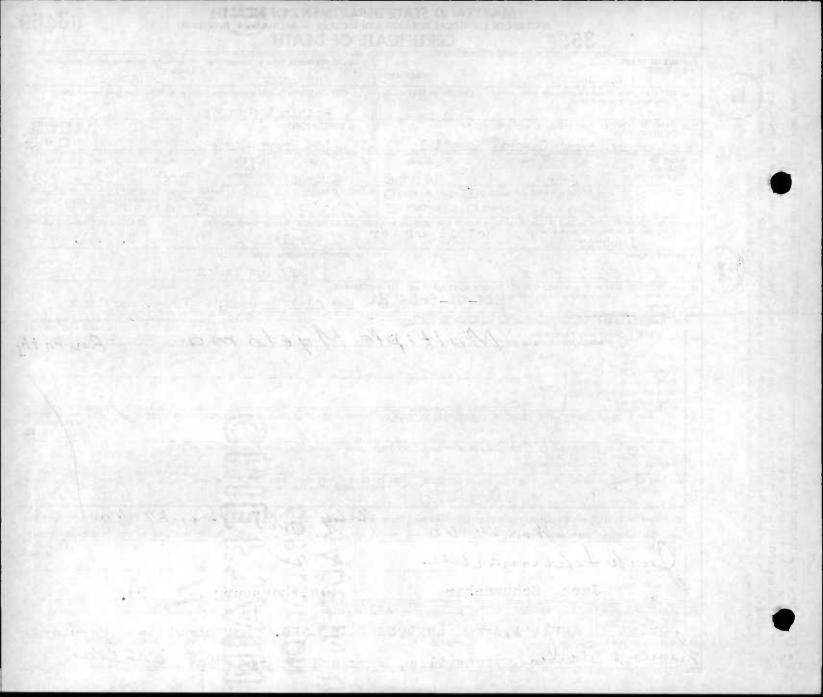
	EKINICA	IL OI DEAT				
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (* O. STATE Maryla	Where deceased	lived. If institution: b. COUNTY	Residence before Montgo	
	H OF STAY IN 16	c. CITY OR TOWN (I		te limits, write RUR	AL and give nea	rest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5415 Bradley Blvd.		9918 Jul	iard D	rive		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MARGARET	Middle S. G	Last REGORY	4. DATE OF DEATH	Manth Mar.	Da:	Year 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEW Female White WIDOWED	VER MARRIED	B. DATE OF BIRTH Apr. 16,	1906		UNDER 1 YEAR	IF UNDER 24 HRS Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife	USINESS OR INDU	1 5 1 1 1 1	virgin		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Loman S. Stalnaker		Alice S				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SEC	1	Henry C. G	and regory	Address		em #2
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	onay	Occlusion of the TEX	e hoa	CONDITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Part I	II af item 18.)		YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	yhile fa	ACE OF INJURY (Hame, foctory, street, affice bldg.,	arm, 20f. (City o	ar tawn)	(Caunty)	(State
21. I certify that (I) (this haspital) attended the d saw the deceased alive an March 9 19 (leceased from	death occurred at		Man 9		stated abave
22c. PHYSICIAN'S NAME (Type) ROBERT G. BRI	EWER M	M.D. ATTENDING PHYS. 22d. ADDRESS 22d. ADDRESS	8 Wisc	STAFF PHYS. D 3	ANE :	SIGNER MD. BETHELD
REMOVAL (Specify)	AE OF CEMETERY C			on (City, tawn, ar		(State)
24. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey Bethe	esda, Ma	WITT AND	EC'D BY REGISTR	AR 25b. REGISTE	RAR'S SIGNATUR	

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	e no de la companya d		ONGEL A. Tomphyse

	3300		CERTIF	ICAIL	OF DEATH	1					
1. PLACE OF DEATH o. COUNTY Mont.so			MARY		USUAL RESIDENCE (W o. STATE Harylan		b. COUNTY	on: Reside			sion)
	If outside corporate limi	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF						n)
Olney	earest town)		9 days	1X	Washing	ton Gr	ove				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)	1	d. STREET ADDRESS						FARM?
	County Ger					own Str					
3. NAME OF DECEASED	Fir	'5†	Middle		Last	4. DATE OF	Mor			-,	Year
(Type or print)	John	7	Hammo	2000	Grimes	DEATH	TIOL		29	R IF UNDE	1960
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIE		ATE OF BIRTH	4.5902	9. AGE (In years last birthday)	Months	Days	Hours	Min.
Male	White	WIDOW			5/23/02		57 yrs.	lea ou			
	ON (Give kind of wark king life, even if retired OTET	dane 10b.	Retail Lun	nber	Maryla		ountry)		S.		OUNTRY?
13. FATHER'S NAME	01.61			14	. MOTHER'S MAIDEN						
P	asil Grimes				Marv	Ida Ta	sker				
1S. WAS DECEASED EVE		_	SOCIAL SECURITY NO.	17. INFOR	- U	200 20	Add	ress		-	
(Yes, no, or unknown)	(If yes, give wor or dates of s		14-01-5834			Records	, Olne	у, Ма	aryl	and	
		ouse per li	ne for (a), (b), ond (c).						INI	ERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Volti	DIE	Mye	101	na			2	au t
200	DUE TO				, ,				1) 140	DECT
Conditions, if o	ony, which) (b										
gove rise to i	mmediate (11 16 2 0 1						0
lying cause lost.	the under-										
PART II. OT			CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT I(a)	PERFC	DRMED?
S. S.										YES [NO 🖽
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury i	n Part I or Par	t II of item 18.)				
	RY Manth, Doy, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (Home, far street, office bldg., e	rm, 20f. (City	or town)		(County)	(Stote
Haur a.m.	19	While at wo		тастогу	, street, office bldg., e	erc.)					
	at /IV /this hospita		ded the deceased	5-am (1)	1111 1	25 9 ta	May 2	4 10	6 00	hat /1\ (luo\ las
	sed alive on Ma	2 2	9 1de Co and	that deat	1 22:1	a M from	the causes ar				
22g. SIGNATURE	sed drive organia	=====	and	mar dear	II decorred dr	AS, W. HOILE	me cooses or	ia all II	ie dai		b. DATE
Jack	John	ma	eller	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.				SIGNED
PHYSICIAN'S NAME (Type)	Tools G	la s ema	a alaasi		22d. ADDRESS						
	Jack So	rrum	acher		Gaith	ersbur	g	Md.			
230. BURIAL, CREMATIC		OF	23c. NAME OF CEMI	ETERY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)		(Sto	te)
Burial	April	1,1	960 Layt	onsvi	lle Meth	rail	tongvi		M	[זמת מ	ond
24 FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS			C'D BY REGIS	TRAR 25b. REG	STRAR'S S	IGNĀT	JRE J	ctitu
frances of	. Daarber	Lav	tonsville	. Mar	vland DATE	ADR 4	'60 (arllun	8. H	Auer	

hours after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely sed in by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO VR A1S (4) 1SM 9/59



FOR-STATE

ny delay is necessary, o me funeral director. Page of Health, 3 to me funerary our files. ter death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2-ond 31th should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-only or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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۱. ا		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
		m with manyland	o. STATE b. COUNTY M. o. T.
N		b. CITY OR TOWN (if outside Apporete limits, c. LENGTH OF STAY IN 1b	c., CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
/		write RURActioned give nearest Jown)	26 B-1-10.
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS. O. IS RESIDENCE
/		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ON A FARM?
1	3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer
		DECEASED (Type or print) R. I. J. P.L. C	OF CONTRACTOR OF THE CONTRACTO
	S.	Nover chas, augule Ira	mes 1/ flar 13 17 00
	٥.	/ MAKRIED _ NEVER MAKRIED _	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
-	10-	Male W WIDOWED DIVORCED	6-3-1898 6/yrs.
		. USUAL OCCUPATION (Give kind of work and uning post of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		lator Harris	md M-S.C.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Cingela Jones	Mary Carter
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II's, no, or ankown) (If yes give wer or detes of service)	NFORMANT Address
	,,,,,	No Yes-Unkn.	They Gring (brothy) Den 2
	1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Corman &c	Christ and Death
		420 / DUE TO	
		Conditions, If any, which \ (b)	an year
		geve rise to immediate cause	The Thomas
		(e), steting the underlying DUE TO	
	z	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
21	110	TAKT II. OTHER SIGNAL CONTINUES CONTINUES IN THE SECOND CONTINUES IN THE SECON	PERFORMED?
	₹ S	20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY OCCURED. (E	YES NO LY
	CERTIFICATION	ZOB. DESCRIBE HOW INJURY OCCURED. (E PRIMARY CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of Item 18.)
			CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. WhileNot While	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	W	p.m. 19 et work et work	
		21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry K, and in my opinion
		death resulted from. Natural causes , Accident , Suici	de, Homicide, Undetermined manner
	1	2	CHIEF MEDICAL EXAMINER
1		SIGNATURE SMUL 9. Inschart	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
X4		EXAMINER'S P. J. J. T. D.	DEPUTY MEDICAL EXAMINER 2 3 - 25-60
		NAME (Type) THANK J. Broseha it	Address (Street, city, lown, or county)
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	F	Burial 3/28/60 Darnestown C	hurch Cem Darnestown Maryland
	23.	FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		Robert A. Pumphrey Bethesda, Ma	DATE MAR 3 0'60 arthur S. Kinus

3 3 5 3 6 7 6 7 THE CONTRACT OF STREET TO A STATE OF THE PARTY OF THE In class 1 S/28/30 ___ De marrown White the Cort __ netquestions. He will see Somet a. Function E. Grand Harrishd vog 10 mo Cod A Acad

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MI		LACE OF DEATH	MONTGOME	RY	MARY		. USUAL RESIDENCE (V			idence before odmission) ONT GOMER Y
	b	. CITY OR TOWN (I	If outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	autside corporate li	mits, write RURAL o	and give nearest tawn)
			Silver Spri	nø	18 vrs.		56 SILVE	R SPRING		
	d		TAL OR INSTITUTION (tal, give street addres	15)	d. STREET ADDRESS			e. IS RESIDE ON A FA
X		1	50 Bonifant	Road				ifant Road		YES NO
		AME OF DECEASED	Fir	st	Middle	GRI	SSNER	4. DATE OF	Month	Day Year
		Type or print)	LOT	TIE	LEE	GBU	SSNER	DEATH	MARCH :	12 19 6
	5. S	EX	Tartau	7. MARRIED	NEVER MARRIED			last b	(In years IFUND	ER TYEAR IF UNDER 24
		FEMALE	WHITE	WIDOWED			RIL 27, 18	97 62	2 yrs. Monins	Days Haurs Min
	100	USUAL OCCUPATION TO THE PROPERTY OF THE PROPER	ON (Give kind of work on life, even if retired)	done 100 KI	THE CHINESES.	INDUSTRY	11. BIRTHPLACE (State	or fareign country)	12. 0	ITIZEN OF WHAT COU
1		HOMEMAKER		OWN	HOME		VIRGI	NIA		U.S.A.
	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME		
		JAMES E.	BARROW				MATTIE W.	CLEMENT		
		WAS DECEASED EV	/ER IN U. S. ARMED FO	(animan)	OCIAL SECURITY NO.	17. INFC				VER SPRING,
		NO		21	9-40-3239	MRS.	KATHERINE	E. LUKENS	5,150 BON	IFANT RD.,
			ATH [Enter anly one cou	use per line fo	or (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		CORONARY C	CCLUS	ION			Found de
		4-20	, / DUE TO							bed
		Conditions, if o		Нур	ertension					yrs.
100		gove rise to imme (o), stating the		0.13						
		couse tast.	(c))						
	2	PART II, OT	HER SIGNIFICANT CON	DITIONS CON	ATRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEASE CONE	ITION GIVEN IN P.	ART 1(a) 19, WAS AUTO
	Ω									YES NO
0	CATION									
0		20a. EXTERNAL CA	USE WAS 20	b. DESCRIBE	HOW INJURY OCCUP	RRED. (Ente	r nature of injury in Par	t for Part II of item	18.)	
0	CERTIFI	20a. EXTERNAL CA PRIMARY OF OF CAUSE OF DEATH.	USE WAS INTRIBUTING 20							
0	CERTIFI	PRIMARY D or CO CAUSE OF DEATH. 20c. TIME OF INJU	INTRIBUTING []	ar 20d. IN	JURY OCCURRED 2	Oe. PLACE	r nature af injury in Par OF INJURY (Home, farn street, office bldg., etc	n, 20f. (City or low		County) (SI
0		PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Yée	ar 20d. IN While at work	JURY OCCURRED 2	Oe. PLACE factory,	OF INJURY (Home, farm street, office bldg., etc	20f. (City or tow	n) (G	
0	CERTIFI	PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Day, Yes	ar 20d. IN While at work	JURY OCCURRED 2	Oe. PLACE factory,	OF INJURY (Home, farm street, office bldg., etc	20f. (City or tow	n) (G	
0	CERTIFI	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t	IRY Month, Day, Yee	ar 20d. IN While at work	JURY OCCURRED 20 Not while at work mains described	Oe. PLACE factory,	OF INJURY (Home, tarn street, office bldg., etc , held an Autops	20f. (City or low y, Inspect	ion [], Inqu	uiry XI, ond in
0	CERTIFI	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t opinion death	intributing	20d. IN While at work af the re	Not while at work mains described	Oe. PLACE factory,	OF INJURY (Home, tarn street, office bldg., etc , held an Autops	20f. (City or low y, Inspect	ion [], Inqu	uiry 📉 , ond in
0	CERTIFI	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t	intributing	20d. IN While at work af the re	Not while at work mains described	Oe. PLACE factory.	OF INJURY (Home, tarn street, office bldg., etc , held an Autops	y , Inspect	ion [], Inqu	uiry XI, ond in
0	CERTIFI	PRIMARY Dor CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t opinion death ACTUAL SIGNATURE	intributing	20d. IN While at work af the re	JURY OCCURRED 20 Not while at work mains described	Oe. PLACE factory.	OF INJURY (Home, farm street, office bldg., etc., held an Autops Suicide ,	y, Inspect Homicide,	ion [], Inqu	uiry 📉 , ond in
0	CERTIFI	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t opinion death	hat I taok charge resulted from:	20d. IN While at work af the re	Not while at work at work at work. The mains described auses . Accident	Oe. PLACE factory.	OF INJURY (Home, farm street, office bldg., etc., held an Autops Suicide ,	y , Inspect Homicide , ALEXAMINER	ion [], Inqu	Diry K, ond in monner D
0	MEDICAL CERTIFI	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify t opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I taok charge resulted from: FRANK J BEON, 122b. DATE THEREC	ar 20d. IN While at world a world a world a construction of the reconstruction of the re	Not while at work at work at work. The mains described auses . Accident	Oe. PLACE factory.	OF INJURY (Home, tarn street, office bldg., etc., held an Autops Suicide , , , , , , , , , , , , , , , , , , ,	y , Inspect Homicide , (AMINER) AL EXAMINER (ion [], Inqu	Diry X, ond in dimonner DATE SIGNE

3435 - MEDICAG SKAMINER'S CERTIFICATE OF BEATH THE RESIDENCE OF THE PROPERTY OF . A Cartina of the contract of No. of the state o

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VS. A15ME(S) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDI

3472

				1) 3/1
CAL	EXAMINER'S	CERTIFICATE	OF DEATH	()34

				. wy. Dist. 140.
1. PLACE OF DEATH o. COUNTY			Where deceased lived. If institution	Residence before admission)
mon 7 gomers	MARYLAND	a. STATE many	1 land b. country	non toomery
b. CITY OR TOWN (If outside corporate fights, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (f outside corporate limits, write RUI	RAL and give nearest toyra)
1245: Iver Spring		Silver S	pring m	d
d. NAME OF HOSPITAL OR INSTITUTION (I not in I	hospital, give street oddress)	d. STREET ADDRESS	1.	e. IS RESIDENCE ON A FARM?
wheaton nursing Ho	me.	6 Castmer	to Wence	YES NO
3. NAME OF -DECEASED (Type or print) JOSEPhine	Aghes	Ha a c	4. DATE Month OF DEATH	Day Year 1960
	RRIED NEVER MARRIED 8.	DATE OF BIRTH	11511 -41	UNDER TYEAR IF UNDER 24 HRS.
7.0	WED DIVORCED	Jan 1, 18	on the of least highland	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	O	ST. Paul.	minn.	W.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
William Zahn		2		
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	,
no	mr	s. Katheryn	Diekel- 6 Eas	trucks Wrine, 5. Son
18. CAUSE OF DEATH [Enter only one cause per li	ne for (o), (b), ond (c).]	. 1	100.1	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	idexinoid ca	xcumua	of whadde	A ONSEI AND DEATH
181.0 DUE TO	and the same of th		0	
Conditions, if any, which) (b)				
gove rise to immediate couse ((a), stating the underlying DUE TO				
couse lost. (c)			THE NEW YORK	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
3 Unemia.				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS LAW A 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Par	rt I or Part II of item 18.)	
	d. INJURY OCCURRED 20e. PLAC	C OF BUILDY DIS-	- and references	40
Hour o. m. W	hile Not while facto	CE OF INJURY (Hame, farm bry, street, office bldg., etc		(County) (Stote)
	work ot work	137000		
21. I certify that I took charge of the		ve, held on Autops	y □, Inspection □, I	nquiry , ond find that
death resulted from: Notural couses	, Accident , Suid	cide [], Homicide	e , Undetermined cou	se .
11:00 5	111.			DATE SIGNED
SIGNATURE CULLEUN	1. Haleur	_M.D. CHIEF MEDICAL E	XAMINER 🗌	DVIE SIGNED
EXAMINER'S		ASSISTANT MEDIC	CAL EXAMINER	
NAME (Type) Hilbert S.Sal	bin	DEPUTY MEDICAL	EXAMINER	
22a. MARIAN, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or co	ounty) (State)
removal 3/19/60	Calvary Cer	metery	St.Paul, M	innesota
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WE	ash, DC 240. REC		AR'S SIGNATURE
The S.H. Hines Co., 290	114th St.N.V	V. DATE	MAR 21 '60 C.	18 mg 8 H

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				The second
	E Name of Street			B 47 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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				AND DESCRIPTION OF THE PARTY OF
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				Mary Colombia Colombia
		CONTRACTOR OF THE PARTY OF THE		
	Advisorable of			
	- Property			
			Maria St. Anna	A CONTRACTOR OF THE PARTY OF TH
		MD 2 ST 20 183		bad fire him dee are per best fire.

Constitution of the same of the last father and again to the Z sony le Greek Sandery which will be the state I. during the Land and the state of the state To the Contract of the same

	MARYL	AND STATE D			I-BALTIMO	DRE, 18	
	Item 34	6, Film G25	RTIFICA	TE OF DEATH	1	Reg. [()3475 Dist. No.
1. PLACE OF DEATI a. COUNTY	MONTGOR	IERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		If institution: Reside	- W
B. CITY OR TOW RURAL and give TAKOMI	(N (If outside corporate limits ve nearest town)	, write E. LENGTH O		C. CITY OR TOWN (IF O	1 12 1	ts, write RURAL and	give nearest town)
d. NAME OF HO OR INSTITUTION		HOSPITAL		d. STREET ADDRESS	HELPS.	RD.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First ALEX		Middle TEPHEN	Last HARDY	4. DATE OF DEATH	Manth 3	Day Year 18 1960
5. SEX MALE		7. MARRIED NEVER	MARRIED 📉	6 · 11 · 59	last l	(In years IF UNDE pirthdoy) Months	R 1 YEAR IF UNDER 24 H
10a. USUAL OCCUP during most of	ATION (Give kind of work dworking life, even if retired)	one 10b. KIND OF BUSH	NESS OR INDUS	TRY 11. BIRTHPLACE (State NORTH		12. CI	U-S-A.
3. FATHER'S NAME	STEPHEN (. HARI	71/	14. MOTHER'S MAIDEN N	_	ROB	INSON.
1S. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURI	ITY'NO.	HOSPITAL	RECO	Address .	
Conditions, gove rise to cause (o), stat lying cause to	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO if ony, which o immediate ling the under ost. (c).	6	ing	who her	or di	ella.	12 hr
CATIC	OTHER SIGNIFICANT COND			NOT RELATED TO THETERMI		9.41	RT 1(a) 19. WAS AUTOP PERFORMED? YES NO
	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)						
Hour a.	NJURY Month, Day, Year m. 19	20d. INJURY OCCURR While Nat while at work at work	foc	ACE OF INJURY (Home, farm tory, street, office bldg., etc) City or fowr)	(Caunty) (Sta
21. I certify alive an	that I attended the		11	2 , 19 , to	M, from the co	uses and an th	last saw the deceas ne date stated abo DATE SIGN
PHYSICIAN'S NAME (Type)	MARUIN	mon	ES	The	1 Spn	ng	ma
REMOVAL (Spe	ATION, 22b. DATE THEREOF BURIAL 3/20/	Back C	reek As	sociate Refor		ty, town, or county LOTTE, N.	
23 FUNERAL DIRECT	TOR'S SIGNATURE Y, I	ADDRESS		240. REC*		24b. REGISTRAR'S S	4
VOVV	VVXVVV						

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24 haurs after death. Page 4

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

MARYLAND STATE DEPARTMENT OF HEALTH

3568 DIVISION OF STATISTICAL SEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Them 2 C & D. Film 6260 and Mary decayed lived. If inst

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M ntgomery	MARYLAND	o. STATE Marvl	and b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac	c. LENGTH OF STAY IN 16 $2\frac{1}{2}$ Years	c. CITY OR TOWN (IF o	butside corporote limits, write RUI	RAL and give nearest town) le, Mdwith neid
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. street address & Roping/Nu	her husband.	both e. IS RESIDENCE W decess of A FARM?
3. NAME OF First DECEASED (Type or print) JAMES	Middle FRANKLIN	Lost HAYWARD	4. DATE Month OF DEATH March	
S. SEX Male 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 16, 1		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	KIND OF BUSINESS OR INDI	Virg	ginia /	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William H. Haywar	d	14. MOTHER'S MAIDEN N	A Hampton	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	nformant Son nes H. Haywa		"High Ridge Status, Maryland
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (o), (b), and (c).]	ln		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (o), stating the under-	Cerello 1	osala 6		() (O A
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	STATE CONDITION GIVE	N IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While of wo	Not while f	LACE OF INJURY (Home, form octory, street, office bldg., etc		(County) (Stote)
21. I certify that (I) (this haspital) attended to the deceased alive an Mar. 2	ded the deceased fram	March 19 death accurred a 3P		I an the date stated abave.
22a. SIGNATURE Uller	An GO	A.D. PHYS.	ED. STAFF PHYS.	3-28-60 SIGNED
22c. PHYSICIAN'S NAME (Type) WILLIAM H.	KILLAY	22d. ADDRESS 9902 Col	ınselman Rd.,	Potomac, Md.
Burial Cremation, 23b. Date Thereof Burial Transit 3-28-6	23c. NAME OF CEMETERY Rivervier			Virginia
24. FUNERAL DIRECTOR'S SIGNATURE PUMPHREY	Bethe sda	, Md.		TRAR'S SIGNATURE

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO PONERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 15M 9/59

SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed wi

	Montgomery	7		MARYI	LAND	2. USUAL RESID 0. STATE Heryl		ere deceased	d lived. If instituti bMSHUX			re admiss	ion)
	CITY OR TOWN (If	autside corporate limits,	write	c. LENGTH OF STAY I	IN 1b			utside corpo	rate limits, write R	URAL ond	give nec	rest town	1)
	Bethesda (Rural)		35 days	3	57Bethe	sda	Jan 1					
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	street o	oddress)		d. STREET A	DDRESS					e. IS RES	FARM?
		al Hospital				4505	Chase	Avenu	ue				NO 🔼
	NAME OF DECEASED	First		Middle		Las		4. DATE OF	Man		Do	2	Year 60
	Type ar print)	Albert	5	Virgi	il	HEADL	EY	DEATH	Mar		2		19 60
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED					B. DATE OF BIRTI			9. AGE (In years last birthday)	Months				
N	Male	Caucasian v	VIDOWE	D DIVORCED		5-20-	02		57 yrs.	Months	Days	Hours	Min.
10a	during most of worki Naval Offi	N (Give kind of wark da ng life, even if retired)	1	U. S. Navy	RINDUS		ACE (State of		ountry)		J.S.		OUNTRY?
13.	FATHER'S NAME			0. 20 210.1		14. MOTHER'S							
	Albert N.	HEADLEY					a STA						
15.		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17, IN	FORMANT	17.0		Add	ress			
(4.	Yes	f yes, give war or dates of serv	2	14-28-4289	H	ospital	Recor	ds					
	18. CAUSE OF DEAT	TH [Enter anly one caus	e per lin	e for (o), (b), and (c).]					-			ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	·m	eta static	-	ancen s	700 G	B	rain		ONS	SET AND	A 1
	177	IMMEDIATE CAUSE (a)_	, ,,	2400401		a con	pococ	, ,,,,			-	000	
	control (2)												
	Conditions, if on gove rise to im	mediate											
	cause (a), stating t		Na	MC in to	0	Pur	Sat	0			1	G 4	KD
7	lying couse last.	TO COOL		ON TRIBUTING TO DEA	TIL NI		-		C COMPITION OF	/FNI INI DAE	T 24.3		ALITORCY
TIO	PART II. OTHI	ER SIGNIFICANT CONDI	IION2 C	ONTRIBUTING TO DEA	KIM BUT	NOI KELAIED IC) THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	1 1(0)	PERFC	RMED?
CA												YES [X	NO
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	Ob. DESC	TRIBE HOW INJURY OF	CCURRE). (Enter noture o	of injury in F	Part I or Par	t II of item IB.)				
MEDICAL	20c. TIME OF INJURY	Manth, Doy, Year	20d. IN	IJURY OCCURRED		CE OF INJURY			y or town)	(County)		(Stote)
VED	Hour o.m.	19	While of wark	Not while of work	roc	tory, street, office	e blag., etc.	1					
~		(1) (4) (-1) (-1)			ু দ্ব	ehruary	17	60 to 1	March 23	10 (50		
		**(1) (this shoot country (1)						73 18.71					₩ last
	saw the decease 220. SIGNATURE	ed alive an Mari	ch 2	31960 , and	that d	eath accurred	d attui	NO fram	the causes ar	nd an th	e date		b. DATE
	220. SIGNATURE	1/3 /	87	10		M.D. PHYS.		D.	STAFF PHYS.			3-2	SIGNED
	22c. PHYSICIAN'S	100				22d. ADDR	ESS						
	NAME (Type)	H. S. IRON	S, L	T, MC, USN		U. S	. Nav	al Ho	spital, 1	Bethe	sda,	Md.	
230		N. 23b. DATE THEREOF		23c. NAME OF CEME	TERY O	R CREMATORY		23d. LOCA	TION (City, town,	or county)		(Stat	te)
	REMOVAL (Specify)- Burial	3-28-60		Arlingt	on N	ational		Ar	lington		Vii	gini	ia
24,	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIS		STRAR'S SI	GNATU	RE	
R	. A. Pumpla	rey Faneral	Hon	e, Bethesd	a, N	id.	DATE M	AR 28	60	Intlum 2	1. the	ura	

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VS A15 (4) 1SM 9/SB

	3570 CERTIFIC	ATE OF DEATH
	OJI CERTIFIC	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) a. STATE b. COUNTY MONTGOMERU
- 1	b. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR BURBAN	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM YES NO
	NAME OF DECEASED (Type or print) First Hayward Roy	Henderson DEATH 3 6 196
S. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH JULY 25 - 1904 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lost birthdoy) 55 yrs. 7 //
4	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired) ANY EQUIPMY SALESMAN RELIGIOUS OF STATES AND SALESMAN RELIGIOUS OF S	USTRY 11. BIRTHPLACE (State or foreign country) ROUGEN COUNTY UA 14. MOTHER'S MAIDEN NAME
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [1 yes, give wor or doles of service] 578-01-4557.	INFORMANT ROSE Lia Slingly Wiconcres M
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ascular accident - harming INTERVAL BETWEEN QUISET AND DEAT
	Conditions, if any, which gove rise to immediate (b) Kypertensor	Le Cardinascular dislane le yes
Z	cause (o), stoting the under. DUE TO lying cause lost.	vareular insufficiency 1 /2 yes
FICATION	LARERATION OF CHIN IN FA	PERFORMED? YES \ NO.
AL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED (Enter noture of injury in Part I or Port II of item JB.) Then the fell forward in lung room, which
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta octary, street, affice bldg., etc.) HOME ADDRESS
	21. I certify that I attended the deceased fram. 3-4	1960, to 3-6, 1960that I last saw the decease
	Patient with garl of Dis. William Her	h accurred at 5.50 M, from the causes and an the date stated about well and ADDRESS (Street, city or town, state) DATE SIGN

BURIAL, CREMATION, REMOVAL (Specify)

CLEARED & MED PHYSICIAN'S NAME (Type) EDWA

22c. NAME OF CEMETERY OR CREMATORY

100 NG 124.004

22d. LOCAPTON (City, tawn, ar county)

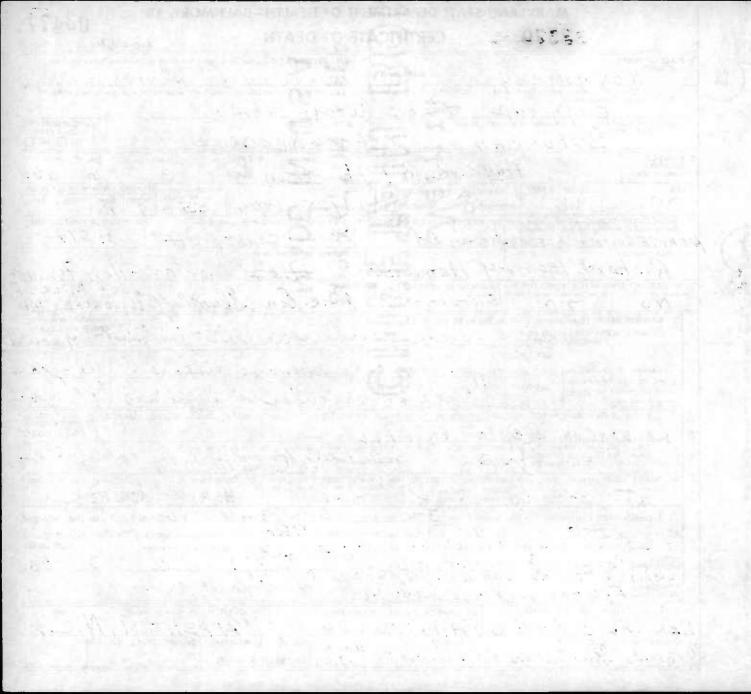
(Stote) 24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE ADDRESS

22b. DATE THEREOF

24g. REC'D BY REGISTRAR DATE MAR 8 160

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thin 72 hours after death.

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will

page 3 should be detoched far use as the burial-transit permit.

the registror prior to burial, cremation, ar remayal, and

retained by the haspital ar attending physician.

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VS A15 (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03478

	3:	571	CERTIF	ICA	TE OF	DEAT	Н		Reg. D	ist. No	. 215	
a. COUNTY Montgomer	у		MARYLA		2. USUAL RE a. STATE Bermi		/here deceased	l lived. If institution b. COUNT		nce befo	are admis	sian)
b. CITY OR TOWN	(If autside corporate limi	ts, write c	LENGTH OF STAY IN	N 1b	c. CITY O	R TOWN (If	autside carpoi	rote limits, write	RURAL and	give ne	earest law	n)
Bethesda			42 days		U.S.	Naval	Stati	on		15	X- /	1
d. NAME OF HOSP OR INSTITUTION U.S. Nave	ITAL (If not in hospital, g	ive street odd Bethe	dress)			#138	c/o FP	O NY, N	Y		ON	SIDENCI A FARM
B. NAME OF DECEASED (Type or print)	Fin Rober		Middle John	1:12		Last	4. DATE OF DEATH		anth	16	ay	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BI	RTH	1,118	9. AGE (In year lost birthday)	IF UNDE	1	R IF UND	T
Male	White	WIDOWED	DIVORCED		6-9-5	7		2 yr	Manths	Days	Haurs	Min
a. USUAL OCCUPATI	ON (Give kind of wark of	dane 10b. Kit	ND OF BUSINESS OR	INDUST	RY 11. BIRTH	IPLACE (Stot	e ar foreign co			TIZEN O	F WHAT	COUNT
None	rking life, even if retired	No	ne		M	assach	usetts			U.	S.	
3. FATHER'S NAME		110	110		1	R'S MAIDEN						
	Wan dama an					ris FE						
James (n)	Henderson ER IN U. S. ARMED FOR	CES2 14 50	CIAL SECURITY NO.	IN	ORMANT	LIS FE	TULL	Α.	ddress			
Yes, no, or unknown)	(If yes, give war or dates of si			1-		James	Hender		Same	e as	#2	
	ATH [Enter anly one ca				4					LINI	TERVAL B	ETWEEN
Canditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO		utricula	er i	cana	l, co	mple	4)			2 y	rs
CATIC	HER SIGNIFICANT CON	DITIONS COM	NTRIBUTING TO DEAT	TH BUT N	OT RELATED	TO THE TER	MINAL DISEASE	CONDITION	GIVEN IN PA	RT 1(a)	PERF	AUTOPS ORMED?
□ OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCRI	BE HOW INJURY OC	CURRED.	(Enter nature	e af injury ir	Port I ar Port	II af item 1B.)				
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Yes	ar 20d. INJU While at wark [URY OCCURRED 2 Nat while at work	20e. PLAC facto	CE OF INJUR	Y (Home, far fice bldg., e	m, 20f. (City	ar tawn)		(County)	(Sto
21. I certify to alive an 16 ACTUAL SIGNATURE PHYSICIAN'S J. NAME (Type)	hat I attended the March AMA E. E. MC CLENA	mc)	ond that o	lan death of	D. U.S.	9:50I	ADDRESS (SE L Hospi	the causes of reet, city or tow tal, Be	n, stote) thesd	he dat	e state DA	
220. BURIAL, CREMATION REMOVAL (Specify Burial		OF 2	2c. NAME OF CEMET		CREMATORY			TION (City, town			(Sto	ite)
R.A. Pumph	S SIGNATURE	sconsi	ADDRESS n Ave. Bet	thes	da, Md		C'D BY REGIST	RAR 24b. RE	GISTRAR'S S	SIGNATU		

Means of the control				
About the city pathwest, M. Howy 198 synth Levi Living about a second control of the March 1.0 About 18				1,000
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And Massachuse (1997) John Delorin Fall John Delo	Novy 198 species 11, st	Al algebra	ţ	
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PERFORMED?

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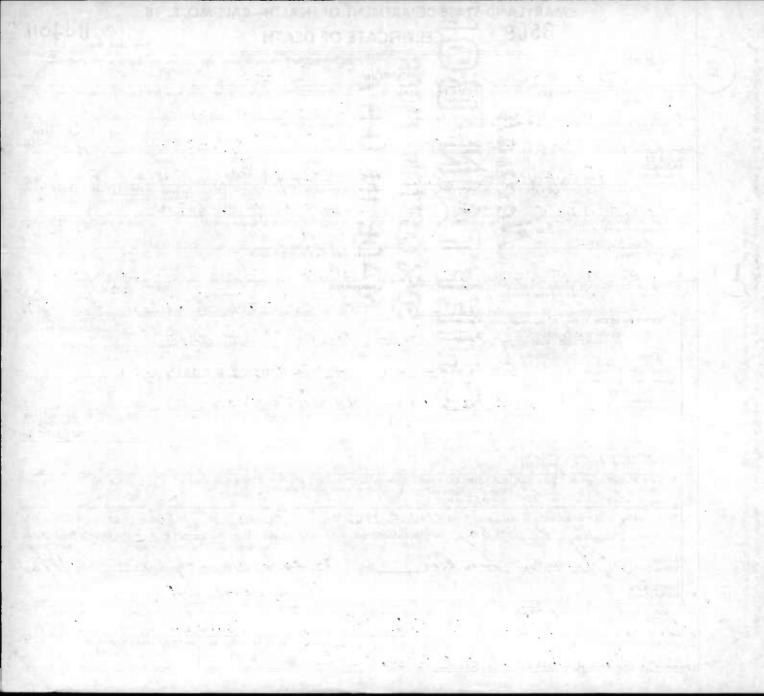
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Han B. Lovet No.		Second St.					
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•	E.S. Savel Homoston		THE RESERVE AND THE SECOND				
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	On COMMISSION AND LINE	e + du					

3509 CERTIFICATE OF DEATH

() 348() Reg. Dist. No.

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)	PLACE OF DEATH O. COUNTY Monto Ormer	Z MARYLAND	2. USUAL RESIDENCE (W		If institution: Resid COUNTY	ence before	odmission)
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	CLENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL one	d give neare	st town)
L	Nensing Gun		W28/2	molos	7	4-7	X-3
	d. NAME OF HOSPITAL (If nat in haspital, give street of OR INSTITUTION	mitarize acc	d. STREET ADDRESS	Sturyva	sant 1	77	IS RESIDENCE ON A FARM? YES NO
12	NAME OF First	Middle	Lost	4. DATE	Month	2	Year
1	DECEASED (Type or print) GENEVIEVE	- 10 1	ENNESSEY	OF DEATH	MARCH	Doy	19 60
S.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG		-	UNDER 24 HRS.
	TEMALE White WIDOWE		1221,31,	18/3	7 yrs.		Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.C	ITIZEN OF W	VHAT COUNTRY?
13	. FATHER'S NAME	Market Street	14. MOTHER'S MAIDEN	NAME)	
L	Simon Plen	n450.27	M27-21	(eee	12/12	1656	-//
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (es. no, ar unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT	********	Address 2	28031	tuyue.
L	(if yes, give war or dates or service)	X	rs loser	171 (0-6/02	PI	WW
	18. CAUSE OF DEATH [Enter only one cause per lin	ne far (o), (b), and (c).]			/		VAL BETWEEN
L	PART I. DEATH WAS CAUSED BY:	PERTENSINE	HEART	DISE	455	ONSE	AND DEATH
	1443 X DUE TO	CKICIVITU	11641	VISC	730		-
		JEBALISEN	1000				
	agve rise to immediate	VERALIZED	AKIERI	OSCLER	0515		
	couse (a), stoting the under-						
	lying cause lost. (c)	SENICAL		ENSIDIN			
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	ART 1(o) 19.	WAS AUTOPSY PERFORMED?
AT	\$	ENILITY				,	YES NO
CERTIFIC		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of i	tem 18.)		
4		NJURY OCCURRED 20e, PL	ACE OF INJURY (Home, for	m, 20f. (City or tov	vn)	(County)	(State)
MEDIC		Not while fo	ctory, street, affice bldg., et		,	(coomy)	(0.0.0)
	21. I certify that I attended the decease	ed from 1/dV 19 1	95819 107	ouch 8	_, 19_6 Wthat I	last sow	the deceased
L	alive on March 8, 196	and that death	occurred at //: 30	LM, fram the a	auses and on t	he date :	stated above
	11	1)		ADDRESS (Street, c			DATE SIGNED
	ACTUAL /// Oscono	on fear	520	6 Nary	roll-Dr.		3/0/1
L	SIGNATURE	-UNIV	M.D. 3 20	70000			
	PHYSICIAN'S NAME (Type)		Cherry	Charl.	livel		
27	O. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C	R CREMATORY	22d. LOCATION	City, town, or county	y) ~	(Stote)
	REMOVAL (Specify)	184 Obs	A. Ceran	7/10	of	1	V CI
23	. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 5/03 M	Preson 240. REC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
1	hours Ohner Current	Kleine Into	2.12-C DAMAR	4 4 100	aritury S.	Thous	
4	and the timent	Jun 1 03	C. DANGER				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please tempere Cochan papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 70 faurs after death. VS A1S (4) 1SM 9/58



CEPTIFICATE OF DEATH

03481

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

24a. REC'D 8Y REGISTRAR

'60

DATE

	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MONTGOMERY MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Burtons ville C. LENGTH OF STAY IN 1b Burtons ville
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2801 Duval1 Road ON A FAR YES NO.
	3. NAME OF DECEASED (Type or print) Raymond H. Herriman 4. DATE Month Day Year OF DEATH March 30 194
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 8/15/06 9. AGE (In years last birthday) 53 yrs. Manths Doys Hours N 15 yrs.
	10a. USUAL OCCUPATION (Give kind of work done of the lob. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) Maintenance - N.O.L. U.S. Govet. 12. CITIZEN OF WHAT COUNTY II. BIRTHPLACE (State or foreign country) Washington, D.C. U.S.A.
	13. FATHER'S NAME BERTRAM A. HERRIMAN 14. MOTHER'S MAIDEN NAME LYDIA E. HOWES
	1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 1579-05-4885 Mrs. Annie M. Herriman, 2801 Duvall Road
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (c) DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMENT OF
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Not while of work at wo
William Constitution	21. I certify that I attended the deceased fram Novia, 1959, to March 30, 1960, that I last saw the deceased alive an March 26, 1960, and that death occurred at 8 AM, fram the causes and on the date stated at ADDRESS (Street, city, or town, state) ACTUAL SIGNATURE Raymond Bradshaw PHYSICIAN'S Raymond Bradshaw Silver Spring Md.
	220. BURIAL, CREMATION, REMOVAL (Specify) 4/2/60 MT. CARMEL CEMETERY MONTGOMERY COUNTY, MARYLAND

ADDRESS STLVER SPRING, MD.

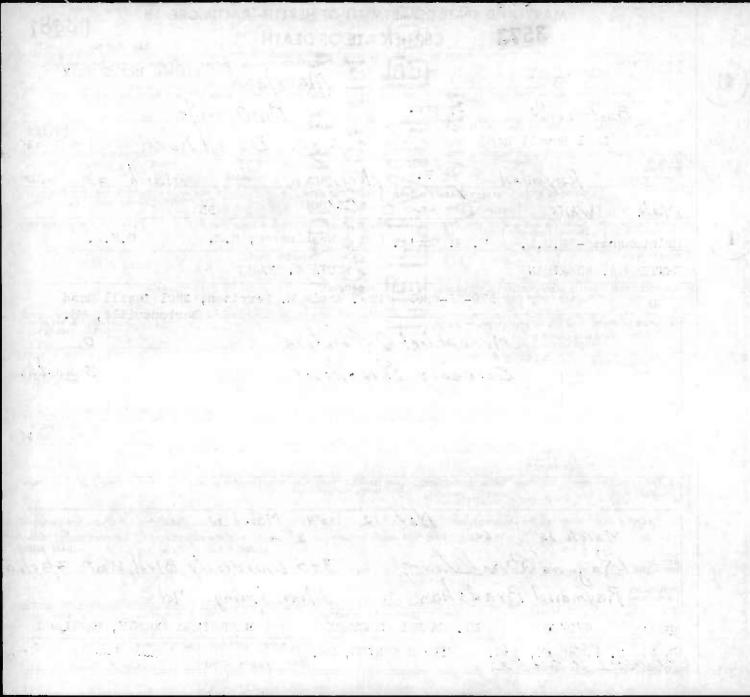
TO FILE ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the may retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. pd the VS A15 (4) 1SM 9/SB

in by the funeral directar,

Page ,

havrs after death.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3473 CERTIFICATE OF DEATH

Reg. Dist. No. 03482

1. PLACE OF DEATH o. COUNTY M	ONTGOMERY		MARYL	AND	2. USUAL RESIDER		e decease	L COUNT		lence befor		ion)
RURAL ond give n	If outside corporate limits, earest town) OMA PARK	write c.	12 years	N 16	3.000	WN (If out		rote limits, write	RURAL on	d give nea	rest fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, giv 304 Philad				d. STREET ADD 304 Phi		lphia	Ave.				DENCE FARM? NO 2
3. NAME OF DECEASED (Type or print)	First SOE	HIA	Middle ELEANOI	R	HOBBS		4. DATE OF DEATH		onth RCH	Day		rear 19 60
5. SEX FEMALE	THE TERM	MARRIED	DIVORCED		9/10/86			9. AGE (In year lost birthday) Months	ER 1 YEAR	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of wor Homemake:	ON (Give kind of work do king life, even if retired)		of Business or home	INDUS	TRY 11. BIRTHPLACE Highla				12. (U.S.		COUNTRY
13. FATHER'S NAME WILBUR F	ISKE CISSEL				14 MOTHER'S M CLARA							
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of serv	16. SOC	CIAL SECURITY NO.		FORMANT S. Robert	A. 1	Phill		ddress 5 Vio	let P	lace	
Conditions, if of gove rise to i couse (o), stoling lying couse lost. PART II OTI	the under-		TRIBUTING TO DEAT			1E TERMIN	AL DISEAS	E CONDITION (GIVEN IN PA	ART 1(0) 15	PERFO	AUTOPSY RMED?
PART IL OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		E HOW INJURY OC			njury in Po	rt I or Por	t II of item 18.)			163 []	NO [M
YOUR OF INJUR Hour o. m. p. m.	RY Month, Doy, Yeor	20d. INJUR While of work	Not while		CE OF INJURY (Holory, street, office b		20f. (City	or town)		(County)		(Stote)
21. I certify the alive an	L. B. S	1960			, 19.57, accurred at. 1	232/	M, fran	reet, city or low	and an	the dat	e state	deceased abave
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	3/8/60	22	C. NAME OF CEMET			2	HOWA	RD COUN'	ry M		(Stote	:)
23. FUNERAL DIRECTOR WARNER E	PUMPHREY	INC.	ADDRESS SILVER	SPR	TNC MD	Ia. REC'D	BY REGIST	760 24b. RE	GISTRAR'S			

VS A1S (4) 1SM 9/SS

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		DELPTAN		YAN SERVICE
	STATE AND STATE OF STATE		Foliate Inc. 1908	
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	bandy W. Boards III			CONSTRUCTION OF ANY
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	e ye seep proper			Carrier with
		O 183A DINGE		
W. Carlo Bank San			DAT CHEEKS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3574 CERTIFICATE OF DEATH

Reg. Dist. No. 03483

1	. PLACE OF DEATH O. COUNTY MONTGOMESSY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Harry Common b. COUNTY	te before admission)
	b. CITY OR TOWN (If outside corporate limits, with a c. LENGTH OF STAY IN 16 RURAL opd give nearest town) 28 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive rearest town)
	d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) America Gragin	Hornie DEATH Hareh	22 1960
	female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Wee-6-1866 93 yrs. 31	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	06. USUAL OCCUPATION (Give kind of work done during/most of working life; even if retired)	Hashington, Lice 4	ZEN OF WHAT COUNTRY?
	a father's NAME C. Dudsow	Achsah Hun Hudson	
	5. WAS DECEASED EVERVIN U. S. ARMED FORCES? Tes, no, or phinown) III yes, give wor or dates of service)	Delmah E, Washburn, Hyatt	storm, Med
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	t failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate case (a), stating the under-lying cause lost.	nemonia	5 days
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (City, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that I attended the deceased from 3—12 olive on March-22—, 1960, and that death signature William 6, Miller PHYSICIAN'S WILLIAM C. Mi44 F. B.	h occurred a 13 P. M., from the couses and an the ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)	ast saw the deceosed the date stated obave. DATE SIGNED
12	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. BURIAL (Pecify) 3-25-60 Christian Co.		and (Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. L. Burdette, Hyattstown, Maryland	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

2 2 MARIE TOUR Myrapia Brains House I House 22 20 Entere mine 1 1 146. 6-1860 93 318 how eigen Home from Lit 4,8 f. The Contract of winds of make the Le éliennes E, novement protetim les Alist from lading 15 11111 19 Justin 2 Allen - District - 2000 3-18-61 3-22-60 oth control of the Put have been ped o 1. Warm I W Llev 9- 6.2001 P. France WINGER Mines & Guillanders, Mag

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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3440

CERTIFICATE OF DEATH

03484

02.59				Reg. Dist. No.	
o. COUNTY O. COUNTY O. COUNTY O. COUNTY O. COUNTY	MARYLAND 2.	USUAL RESIDENCE (When on STATE	re deceased fived. If institution b. COUNTY	Residence before of ARY LAN	idmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	CITY OR TOWN (If out	iside corporate limits, write RU	IRAL and give nearest	town)
d. NAME OF HOSPITAL (If hot in hospital, give street address) OR INSTITUTION 1910 Luzerne Aver	nue	d. STREET ADDRESS	ZERNE		S RESIDENCE ON A FARM? ES NO
3. NAME OF First DECEASED (Type or print) FMMA	Middle	tun Ten	4. DATE Monti	. /	Year 19 66
Female White Widowed	NEVER MARRIED B. D	DATE OF BIRTH 187	9. AGE (In years lost birthday) yrs.	Months Days H	UNDER 24 HRS.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired) WOLL WIFE OWN	home	WAS LI	reforeign country) NG TOW D.C	12. CITIZEN OF V	S.A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME y the polo	14-5	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no. or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 17. INFO	RMANT C. HUN	Addre Ter 1910 Lu	ZERNE	Ave
1B. CAUSE OF DEATH [Enter only one couse per line for (of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)). (b). ond (c).) iv ary 7	hpom bos	5/6	INTERY, ONSET	AL BETWEEN AND DEATH
Conditions, if ony, which gave rise to immediate cose (a), stating the underlying cause last.	extensiv	e CARdin	VASEULAR	Desir	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	al disease condition give	P P	WAS AUTOPSY PERFORMED?
	OW INJURY OCCURRED. (E	Enter nature of injury in Pa	rt I or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O While No of work of ot work of	ot while foctory	OF INJURY (Home, farm, ,, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	, and that death ac	curred at//35/	M, fram the causes an DDRESS (Street, city or town, s	nd an the date :	stated abave
PHYSICIAN'S NAME (Type) SARAH E. GLOVER	M.D		VE TOW, ME		-3-60
BURIAL (Specify) 3/7/60 MT	AME OF CEMETERY OR CE	Trans.	2d. LOCATION (City, town, or WASHINGTON, 1	C.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Y, INC., ST	DORESS LVER SPRING,	MD a 24a. REC'D		TRAR'S SIGNATURE	

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Henter Munch 3 is	
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Elizabeth Reland	LALLOW LEAMEN.
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See See See See See	CONTRACT OF TRACKS OF THE SECOND OF THE SECO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3474 CERTIFICATE OF DEATH

(13485) Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	1	d. If institution b. COUNTY	n: Residence to	pefare admis	sion)
	b. CITY OR TOWN (If adside carporate Ilmits, write RURAL and give nearest tawn) Takoma Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	viside carporate I	imits, write RU	IRAL and give	nearest taw	n)
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Sau. + A		d. STREET ADDRESS	ones Ave			ON	SIDENCE A FARM?
3.	NAME OF First DECEASED (Type or print) LOYA	Middle Adell	Hurd	4. DATE OF DEATH	Mari		Day R 4	Year 1960
5.	Female White Widowe	The second secon	8-27-77	la	GE (In years st birthday)	Manths Da		ER 24 HRS. Min.
1	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	Pennsyl	luania	r)	12. CITIZEN	OF WHAT	COUNTRY?
13.	Winifield S. Tu	vner	14. MOTHER'S MAIDEN N Elizabet		elch			
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 18, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. II	NFORMANT O 1.5. H. Rec	ords	Addre	988		
	IB. CAUSE OF DEATH {Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 5 9	for (a), (b), and (c).] Intestinal Tremie Stat	Obstruce te - 6hr He	tion	lis.		INTERVAL BONSET AND	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING 20b. DESC	ONTRIBUTING TO DEATH BUT				EN IN PART 1(a	PERF	AUTOPSY DRMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				nem ro.,			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 While at wark	Not while fac	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.		own)	(Caur	nty)	(State)
	21. I certify that I attended the decease alive an March 24, 19 4 ACTUAL SIGNATURE PHYSICIAN'S PHYSICIAN'S NAME (Type)			March 1 M, from the ADDRESS (Street, L) ave	causes and		ate state	
220	BURIAL, CREMATION, 22b. DATE THEREOF MOVAL (Specify) Murch 29, 1960	22c. NAME OF CEMETERY O	R CREMATORY & CEMPLERY	22d LOCATION	(City, tawn, a	r caunty)	(ISto	le)
23.	FUNERAL DIRECTOR'S SIGNATURE!	ADDRESS SHES	I.M.W DATE MAS	BY REGISTRAR R 2 8 '60		TRAR'S SIGNA		

y be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, in 24 haurs after death. Page 4 page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. SOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VS A15 (4) 15M 9/5B

We with a S. Divare Eligarile Welchy The day of the and held and are passed and En al . I have the But Deliveral Comments I and a little to the late of the sound of t

Fairfield

18

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Months

Months

PERFORMED?

YES Y NO

(State)

DATE SIGNED

(State)

U.S.A.

Dovs

(County)

24b. REGISTRAR'S SIGNATURE

Circling S. Kraus

24g. REC'D BY REGISTRAR

DATE MAR 2 2 '60

3-18-60

Months

ADDRESS

Bethesda, Md.

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 60

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

ROBERT A. PUMPHREY

by

refai

death

physician.

25 days | Daidsaport

The Clinical Center, Bathandell, M. 1152 Mill Hill Avenue

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And the state of the second of BOBLET V. PUMPLEST Methoda Md.

CERTIFICATE OF DEATH

Reg. Dist. No.

			AU								
	LACE OF DEATH			MAD	YLAND	2. USUAL RESIDENCE (Wh	ere deceased liv	b COUNTY		e before admissio	on)
	Montgomery					Maryland	11-1-11-1			3	
Ь	RURAL ond give ne	outside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corporate	e limits, write RI	URAL ond gi	ive nearest town)	
	Bethesda			32 day	S	Brunswick				1035.	2
		AL (If nat in hospital, gi			74.1	d. STREET ADDRESS	<u> </u>			e. IS RESID	FARM'
	The Clinic	cal Center,	Beth	nesda 14,	Md.	917 East E	Street			YES 🗌	NO
D	AAME OF DECEASED Type or print)	Firs Harr		Middle Edwa :		Jacobs	4. DATE OF DEATH	Mar	_		ear 960
5. S	FX	6. COLOR OR RACE	/	IED [] NIEVER MARRI	IED TO	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1	YEAR IF UNDER	
	Male		WIDOWE		-	February 2,		3 yrs.		Days Hours	Min
10a.	USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZ	EN OF WHAT CO	UNT
]	None	ing life, even if retired)		None		West Vi	rginia		J	. S. A.	
3. F	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
1	Charles E.	Jacobs				Clara Orne	dorff				
5. \		IN U. S. ARMED FOR		SOCIAL SECURITY NO). II	NFORMANT The Med:	ical Rec	cord Addr	ess		
	No. or unknown)	If yes, give war or dates of se	(VICE)	None		Clinical Cer				farwl and	
_		TH [Enter only one cou	- 1					- 110044	I	INTERVAL BET	
	Conditions, if or gove rise to it couse (o), stoting lying cause last.	he <u>under-</u>	ACU	te Lymphod	APTC	renvenita			15:1	1 yes	71
CATION	PART II. OTH					NOT RELATED TO THE TERMI			EN IN PART	1(o) 19. WAS AT PERFOR	MED
O	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRE	D. (Enter noture of injury in I	Port 1 or Part 11	af item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea 19	While	NJURY OCCURRED Nat while of work		ACE OF INJURY (Home, farm tory, street, office bldg., etc.		town)	(Ca	ounty)	(Sto
	21. I certify the alive an <u>Mar</u>					22, 1960, to Ma: occurred at 9:50/A	M, fram the	e causes an	d an the	date stated	abo
	ACTUAL SIGNATURE	l. a. Ja	ejd	low)		M.D. The Clin	nical C			3-24-60	
	PHYSICIAN'S NAME (Type)	LAWRENCE A	GAY	DOS, M.D.	•	Nationa Bethesd			f Heal	th	
220.	BURIAL CREMATIO REMOVAL (Specify)	3-26-60	F	22c. NAME OF CEM				N (City, town, o	or county)	(Stole)	1
3.	FUNERAL DIRECTOR		Gr. of	ADDRESS	Than	in At More DATE	R 2 9 60		STRAR'S SIG		

haurs after death. Page 4 may retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely trited in by the funeral director, name 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, crematian, ar remaval, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/58

TAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within

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ide or attending physician. The law requires that the death certificate be executed within stained by the haspital ar attending physician.

**AL DIRECTOR: After this certificate has been signed by the attending physician and completely for the complete of the complete o

hours after death. Page 4

Bethesda 14, Maryland

(Stote)

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

22d. LOCATION (City, town, or country)

ADDRESS

RICHARD C. MECHANIC. M.D.

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Reg. Dist. No.

- Н											
	PLACE OF DEATH a. COUNTY	Montgomer	У	MA	RYLAND	2. USUAL RESIDENCE a. STATE Maryl	(Where deceased	lived. If instituti b. COUNTY			mission)
	b. CITY OR TOWN (If RURAL and give ned	autside carporate lim	its, write	c. LENGTH OF ST.		c. CITY OR TOWN		ate limits, write R	URAL and gi	ve nearest	lawn)
	Bethesda			90 days		Balti				3101	1,4
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital,	give street	address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	The Clinica	al Center,	Beth	esda 14,	Md.	1126	South Bo	onsal Sti	reet	YES	NO K
	3. NAME OF DECEASED (Type ar print)	Fi St	ella	Mid An	na.	Janiski.	4. DATE OF DEATH	Marc		Day 2,	Year 19 60
	S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MAI	RRIED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)			
1	Female	White	WIDOWI	DIVOR	CED 🔲	October 9,	1908	51 yrs.	Manths [Days Hai	urs Min.
1	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (St	ate or foreign ca	untry)	12. CITIZ	EN OF WHA	AT COUNTRY?
	Housewife	ng me, even n vemec		None		Michig	an		U	.S.A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				477
	Stanley Sta	aszak				Anna Ro	manik				
	15. WAS DECEASED EVER	IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY	10.	NFORMANT The M	edical I	Record Add	ress	MARK	
1	No	,,,,,		certainab	le T	he Clinical	Center	Bethese	da 14.	Mary:	Land
Ī	18. CAUSE OF DEAT	TH [Enter anly ane co	use per lis	ne far (a), (b), and						INTERVA	LBETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Cer	rbrovascu	lar h	emorrhage				56 h	ND DEATH
1	600.0	DUE TO									
1	Canditians, if an	y, which) (t	Chi	ronic pye	lonep	hritis, urem	nia			7 mc	nths
1	gave rise to im cause (a), stating t	mediate (•		100						
1	lying cause last.) (0	Co	llegen di	sease	with cryogl	lobuline	mia	- pm		
	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART		AS AUTOPSY REORMED?
	5 Pulmonary	infarctio	ns,	splenic i	nfarc	tion, hemorr	chage cy	stitis			NO D
	PART II. OTHI Pulmonary 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury	in Part I ar Part	II af item 1B.)			
	20c. TIME OF INJURY Haur a. m. p. m.	19	While at war	NJURY OCCURRED Nat while at wark	fa	ACE OF INJURY (Hame, f ctary, street, affice bldg.,	etc.)			ounty)	(State)
	21. I certify the	ot I ottended the	deceas	ed from Dec	ember	: 3, 1959 , to_	March 2	1960	thot I los	t sow the	e deceosed
	olive on Ma	rch 2,	., 196	ond th	ot death	occurred ot 2:05	AM, from 1	the causes on	d on the	dote sto	ted obove.
1		1. X10 D	1	0.			ADDRESS (St	reet, city ar tawn,	state)		DATE SIGNED
	ACTUAL SIGNATURE	tauxXXX	MB	W.		M.D. The Cl	inical (Center		Z Mar	. 1960
	PHYSICIAN'S	2-3 6		** 5		Nation	al Inst	itutes of	f Heal	th	
	NAME (Type)	Paul J. Sc	:nwab	M.D.		Bethes	da 14.	Maryland			
	22a. BURIAL, CREMATION REMOVAL (Specify)	A, 226. DATE THEREC)F	22c. NAME OF CI	METERY O			ION (City, tawn,		(State)
	Burial	March 5,	1960		Hear			Paltimon		rulan	d
	23. FUNERAL DIRECTOR'S	2000	0 1	ADDRESS	C.		EC'D BY REGIST	-	STRAR'S SIGI	4 .	
1	John A. Moi	ran 3000	C. L	Baltimore	St.,	Balto DATE	MAR 4 '60) Un	Chur S. 4	hand	

hours ofter death. Page 4 the attending physician and campletely filted in by the funeral director. Then place remove carbon papers. Pages I and 2 should be filed with TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely firmed page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cremation, ar removal, and in ony event within 72 hours after death. etained by the haspital ar attending physician. the registrar priar to burial, VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 (349() Reg. Dist. No.

)	1. PLACE OF DEATH MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARVLAND b. COUNTY MONT GOMERY
	b. CITY OR TOWN If outside cosporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
15	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON SANITARIUM & HOSPITAL	d. STREET ADDRESS Apt ON A FARM? YES NO M
	3. NAME OF DECEASED (Type or print) (MRS.) ANN ELIZABETA	Last 4. DATE Manth Day Year
	T ASI	DATE OF BIRTH 7-28-16 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a, USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	
)	13. FATHER'S NAME Chai	14. MOTHER'S MAIDEN NAME ANT AVAILABLE CHANG SEE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18	MR. ARNOLD JATMAN- 1/2 GILBERT ST
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Ena hour Jachen Onset and Death
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last,	heart desince lefe
0		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO } \text{ NO } \text{ NO } \text{ NO } \text{ NO } \text{ NO } \te
	20b. DESCRIBE HOW INJURY OCCURRED. (E PRIMARY or CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I ar Part II af item 18.)
		CE OF INJURY (Home, farm, ary, street, affice bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , Suid	ve, held an Autopsy, Inspection Д, Inquiry 🔀, and find that cide, Homicide, Undetermined cause
2	SIGNATURE Trans & Buschart	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S FLANKS, Broschart	DEPUTY MEDICAL EXAMINER A 3-3-60
	220. BURIAL (SEMATION, 1226). DATE THEREOF 220-NAME OF CEMETERY OR STUTY HALL THEREOF WALK 9. 1960 (LILLY MALL)	wel Cemelay arlington, Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ACTIVILIZATION RULES , 254 Carriel SU RU	DATE MAR 7 '60 Critury S. Kings

VS. A15ME(5) 5M 9/55

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	CERTIFICATE OF DEATH	SAT EXAMINER'S	NEEDLE MEETING
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TO 40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 haurs after death. F	ne retained by the haspital or attending physician.	TO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral di	page 3 should be detached far use as the burial-transit permit. Then please remove cardon papers. Pages 1 and 2 shauld be file	the registrar prior to buriol, cremation, or removal, and in ony event within 72 haurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03491 3579 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)

a. COUNTI	Montgomery		MARYLA	ND	Mary.	land	b. COUNTY		A. 1	A.	V
b. CITY OR TOWN (RURAL and give n Beth	If autside carporate limit earest tawn) ESQA	s, write	c. LENGTH OF STAY IN 32 days	1b	c. CITY OR TOWN (IF Edgewat		orate limits, write R	URAL and	give ne	arest tawn	2
d. NAME OF HOSPI OR INSTITUTION	IAL (If not in hospital, gi S.Naval Hos	ve street o	ddress) L, Bethesda		d. STREET ADDRESS Rt 2 Bo	ox 137					FARM?
3. NAME OF DECEASED (Type or print)	Firs	t	Middle rbert Johnso	on	Last	4. DATE OF DEATH	Marc		20 00		Year 60
5. SEX Male		7. MARRI	ED NEVER MARRIED DIVORCED		ATE OF BIRTH 9-21-1879		9. AGE (In years last birthday) 9. yrs.	IF UNDE Manths		Haurs Haurs	R 24 HRS Min.
during most of war Farmer	ON (Give kind af wark d king life, even if retired)	ane 10b.	Farming	NDUSTRY	11. BIRTHPLACE (State	e or fareign	cauntry)	12. CI	USA	F WHAT C	OUNTRY
13. FATHER'S NAME Pet	er Johnson		233	1	Christine		uist				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORC (If yes, give war or dates of se	rvice)	social security no.		rmant el SCHIEKE,	, Rt.	Bex #2,		137,	Edge	water
Canditians, if a gave rise to it cause (a), stating lying cause last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING UI (IF EITHER, NOTIFY	the under-	Sq	eumonia, Lo uamous Cell	,Caro	cinoma of T		SE CONDITION GIV	/EN IN PA		PERFO	
20o. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUE Hour a. m.	CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OCC	e. PLACE	nter nature af injury in OF INJURY (Hame, far, , street, affice bldg., et	m, 20f. (Ci			(Caunty))	(State
21. I certify the alive an 20 l		decease , 19 6	Jork		y, 19 60, to 20 curred at 225 a	M, from		nd an ti		e stated	
Buried Specify			22c. NAME OF CEMETE		emetary	An	ATION (City, town, mapolis,)	(Stat	e)
John TAYLO	7 - 4	147 I	ouke of Glo	ucest	OT NA	VAR 2 4		STRAR'S			

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03492

581	CERTIFICATE	OF	DEATH	
UG 4				-

	3	581	CERTIFIC	CATE OF D	DEATH	Bay M	181	Reg. D		(; 0 -	300
1. PLACE OF DEATH o. COUNTY MO	ntgomery		MARYLAN	a. STATE	DENCE (Whe	ere deceased live	d. If institution b. COUNTY	on: Reside	nce befo	re admis	sian)
	f autside corporate lin	nits, write	c. LENGTH OF STAY IN 1			tside carporote l	imits, write R	JRAL and	give nec	rest tow	n)
	thesda		17 days	W	ashing	gton			49	X-1	3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital,	give street	address)	d. STREET A	DDRESS					e. IS RES	SIDENCE FARM?
	burban			3244	Chest	tnut St.	N. W				NO [
3. NAME OF DECEASED (Type or print)	Ann	rst	Middle B •	Jon		4. DATE OF DEATH	Mon	3	Do 2	′	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔣 NEVER MARRIED 🗆	8. DATE OF BIRT	н	9. A	GE (In years st birthday)	IF UNDE			ER 24 HRS
Female	White	WIDOW	ED DIVORCED	10/21	/21		38 yrs.	MOIIII	Days	Hours	Min.
10a. USUAL OCCUPATION during most of work HOUSEWI	ing life, even if retire	dane 10b. d)	KIND OF BUSINESS OR IN		ACE (State o	r foreign country	r)	12. CI	S. A	WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S				1.0		•	
Walter F	. Brow			Ann O'	Donne:	11					
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	INFORMANT		WINE	Addr	ess			
no no	(If yes, give war or dates of		Vone	Husband			same				
Conditions, if o gove rise to i couse (o), stoting lying couse last.	the <u>under-</u>	e) M	ncepha tastatie	le man Me la non BUT NOT RELATED TO	CARLO THE TERMIN	Tontely	Perital NOITION GIV	Q/QQL EN IN PA	1 1/2 RT 1(0) 1	9. WAS PERFO	AUTOPSY ORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU				f item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While		PLACE OF INJURY (factory, street, office			own)		(Caunty)		(State
alive an		2, 19	sed fram San I	ath accurred at	2 0		causes an	d an th		state	
220. RURIAL, KREMATIC XREMOVAL (Specify)	3/5/60	OF	22c. NAME OF CEMETER Conestoga			22d. LOCATION Lanca		Pa.		(Sta	te)
23. FUNERAL DIRECTOR	SSIGNATURE	3	O O HESS W	of the	24a. REC'D	BY REGISTRAR	24b. REGI	STRAR'S S		RE	

VS A15 (4) 15M 9/58

SHIP STATE OF STA 0 0 E

FOR STATE HEALTH DEPT

EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after defending any delay is necessary, presse execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Hilas. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bdgr of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

3582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Division

•	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
	maryland Maryland	a. STATE b. COUNTY h
~	b. CITY OR TOWN (if outside exporete limits, write RURAL and give nearly town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give narest town)
	write RURAL and give nearly to the	X 17 - 20 - 22
-	d. NAME OF HOSPITAL OR INSTITUTION (if notes hospital, give street eddress)	, d. STREET ADDRESS
a	100 > 0 / 11 / 0	ON A FARM?
1	Minly Co. Her. Hors	Menert Lane YES NOW
	3. NAME OF DECEASED Middle	Last 4. DATE Month Dey Yeer OF
1	(Type or print) Cuthone Imme to	DEATH Mes 27 19 60
	5. SEX 6. COLOR OR PACE 7. MARKED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	male Col WIDOWED DIVORCED T	12-22-59 last birthday) Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	data dating most of working the, over it telescop	ma Monta Co.
17	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	115-04 0-000	A. 7/
-	IS. WAS DECEASED EVER INVUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	(Yes, no, or unkown) (Ifyargiv werordatasofservice)	O / The state of t
=	Tre	ences fines (mother) Ilen 2
1	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (0) Ceptyeus	Fred
1	475 × DUE TO	dend
1	Conditions, if any, which ? (b) Ither Kests	uslan tellerten
1	gave rise to immadiata causa	- July - Park
1	(a), stering the undarrying	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY
	AKI II. OTILK SIGNATURAN GOTOMBOTO GOTOMBOTA G	PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20B. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	YES NO
1	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	ntar neture of injury in Part I or Part II of item 18.)
-		
1		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., atc.)
1	Hour a.m. p.m. 19 While Not While at work at work	ory, sireer, office blug., arc.)
	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes V. Accident . Suici	
1	death resulted from: Praidtal Couses V. Accident	CHIEF MEDICAL EXAMINER
	ACTUAL A 10 Bin of A	
	SIGNATURE Plant J. Markaut	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	EXAMINER'S AT A T DA	DEPUTY MEDICAL EXAMINER 3 - 27 - 60
-	NAME (Typa) FLANK J. DOSCHENT	Addrass (Street, city, town, or county)
1	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	
	Buria Tacify 3/30/60 Lincoln Park	Rookville, Md.
	23. FUNESAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Laket L. Sunde Rockville, M	DATEPR 4 '60 arthur & Knows
1	2 - 74270445	ALL TO COMMINE A TOTAL

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		- Jakinio	AII OI DEM			Reg. Dist. No) .	
1. PLACE OF DEATH a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Was a. STATE		ved. If institutio b. COUNTY		GOMERY	
RURAL and give r	(If autside carparate limits, w nearest tawn) ER SPRING	Appros. 6 yrs	c. CITY OR TOWN (IF	autside carporate		JRAL and give ne	arest tawn)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give s 2905 SHERAT(d. STREET ADDRESS 2905 SHE	RATON ST	REET		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First BETRUI	Middle PRICE	JONES	4. DATE OF DEATH	Man		Year 19 60	
S. SEX FEMALE	UNITED	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 7/3/85	9.	AGE (In years last birthday) 74 yrs.	Manths Days	Haurs Min.	
10a. USUAL OCCUPATI during most of war Housewife	ON (Give kind af wark dane rking life, even if retired)	10b. KIND OF BUSINESS OR INDL Own home	JSTRY 11. BIRTHPLACE (State	e ar foreign caun	try)	U.S.A.	F WHAT COUNTRY	
13. FATHER'S NAME EPHRIAM PI	RICE		14. MOTHER'S MAIDEN MARY	RICHARD	S		i Erizaki	
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Mr. H. Jones,					
Candilians, if a gave rise to cause (a), stating lying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under (c) (c)	ONS CONTRIBUTING TO DEATH BY	Cuio SC T NOT RELATED TO THE TERM Vintes	LUG-	ONDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJU Haur a. m. p. m.	V		actary, street, affice bldg., e		1.00	(0-01)		
21. I certify the alive an	oth J. CURR	J. Curry	h accurred at 54			d an the date	w the decease e stated above DATE SIGNE	
220. BURIAL, CREMATIC REMOVAL (Specify TRANS	ON. 22b. DATE THEREOF BURIAL 3/11/6	22c. NAME OF CEMETERY CO	OR CREMATORY RINE CEMETERY		N (City, tawn, o		(State)	
23. FUNERAL DIRECTOR	PUMPHREY. IN	ADDRESS SILVER SPRII		D BY REGISTRA		TRAR'S SIGNATURE S. KINE		

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registror priar to burial, cremation, or removal, and in any event within 72 hours after death. 24 haurs ofter death. Page 4 SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w be retained by the haspital ar attending physician. VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	3314	CERTIFICA	IL OI DEATH		
1.	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institut	ion: Residence before admission)
	Monlyomery La		Ivlary	land	Monigomery
}	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	ENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write i	RURAL and give nearest town)
L	KOCKVILLE	13 mo.	26 KOCK	Ville Y	nd
	d. NAME OF HOSPITAL (If not in hospital, give street addre	iss)	d. STREET ADDRESS	10 1	e. IS RESIDENCE ON A FARM?
	5501 Golf Lane		550 60	It Lane	YES NO
3.	NAME OF DECEASED	Middle	Last	4. DATE MO	nth Day Yeor
	(Type or print) Christopher	Noland	Jones	DEATH March	1 16 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 4/1	9. AGE (In years lost birthdoy)	
	Male W WIDOWED	DIVORCED [3 March	59 5 yrs.	Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	doing most of working me, even in termed)		mary/a	nd	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Stebhen Noland	Jones	Ann (rowlev	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. IF	NFORMANT	Add	dress
10	(If yes, give war or dates of service)	_	Mother.	Same	
F	1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	monary	Edema		ONSET AND DEATH
	O 9 G 9 DUE TO	7	200111		1000
	Conditions if any which)	wwholmi	na Virus	Infectio	n 2 hours
	gove rise to immediate	10011-111111	7 01103	277, 20170	11 2 110013
	lying couse lost.				THE SHOW IN
Z	(6)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
CEPTIFICATION					PERFORMED? YES NO
LIELO	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
DE D	OR CONTRIBUTING CAUSE OF DEATH				
4	20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)
MEDICAL	Hour o.m. While of work	Not while of work	ctory, street, office bldg., etc)	
3			15 March	10 16 march	20/0 4
	21. I certify that (I) (this hospital) attended to	he deceased fram/		60, to 16 March	
	saw the deceased alive and 6 marks.	19 <u>60</u> , and that c	death accurred at 1.	M, fram the causes a	nd an the date stated above.
	Francis 2. Troem	ella.	ATTENDING M	ED. STAFF PHYS. T	7 much 1912 SIGNED
	22c. PHYSICIAN'S		M.D. PHYS. DI	RECTOR PHYS.	DOCK WILL
1	NAME (Type) Francis J. Tro	pendle	809 V	IERS MILL	Rd. ROCKVILLI
2		NAME OF CEMETERY C	D CREMATORY	23d. LOCATION (City, town,	os county) (State)
2.	REMOVAL (Specify)	St. Mary's	Cemeterv	Rockville	
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
2			ryland DATE MA		rthung S. Kraus.
			LIAIC PIN	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and it any event, within 72 hours after death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi e retained by the haspital ar attending physician.

24 haurs ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

J 35	83	CERTI	FICA	TE OF DE	ATH						
1. PLACE OF DEATH a. COUNTY Montgomery		MAR	RYLAND	2. USUAL RESID a. STATE	ENCE (Wh	ere decease	ed lived. If insti b. COUN	ITY	sidence bel		1
b. CITY OR TOWN (If autside carporate limit RURAL and give nearest tawn)	s, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TO	OWN (If a	utside carpo	orate limits, writ	e RURAL	and give n	earest lawr	1)
Olney		36 hour	cs	E	llic	ott (City			13X	-2
d. NAME OF HOSPITAL (If not in hospital, gi	ve street o	ddress)	7.50	d. STREET AD	DDRESS		0.00			e. IS RES	IDENCE FARM?
Montgome	ry C	o.Gen.Ho	osp.	Rı	ural	Rt.	4				NO 🗌
3. NAME OF Firs	t	Middl	le	Last	8-40	4. DATE		Month		Day	Year
(Type or print) Willi	am	Charles	Ka	hler		DEATH		Marc	h l	.0	19 60
S. SEX 6. COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED 🗌	8. DATE OF BIRTH			9. AGE (In year lost birthdo	y) Man	ths Days		R 24 HRS. Min.
male white	WIDOWE	DIVORC	ED 🔲	7/2/	1898			rs.	lins Days	neurs	Min.
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	lone 10b. I	CIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (State	ar fareign o	country)	12	CITIZEN C	OF WHAT C	OUNTRY?
Farmer		farmi	ina		Mary	land			US	A	
13. FATHER'S NAME			-	14. MOTHER'S							
Phillip Kahle	r			Mary	Die	ker					
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates of se	CES? 16. S	OCIAL SECURITY N	O. 17. II	NFORMANT			-	Address			
no	218	-14-1632		Hospita	1 Re	cord:	5				
18. CAUSE OF DEATH [Enter only one cou	use per line						4 7 4 3		IN	TERVAL 8E	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage ONSET AND DEATH 36 hours										
33/X DUE TO											
Conditions, if any, which) (b)											
cause (a), stating the under-	gave rise to immediate cause (a), stating the under-										
lying cause last. (c)											
PART II. OTHER SIGNIFICANT COND	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
3 Arteriosclerotic								nilu	WC_	YES	NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature af	injury in I	Part I or Po	rt II of item*18.)				
20c. TIME OF INJURY Month, Doy, Year Hour a.m.		JURY OCCURRED	20e. PL	ACE OF INJURY (H	lame, farm	, 20f. (Cit	y ar tawn)		(Caunty	r)	(State)
P. m. 19	While at wark	Nat white at wark		ciary, sircos, arrico	Diag., oic.						
21. I certify that (I) (this haspital)) attende	ed the deceased	d fram	more	. 19	47. ta	Mover	10	19 60	that (I) (we) last
220. SIGNATURE (Letter &	122a. SIGNATURE 2. 22b. DATE								b. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type) C. S. Wh	itak	er M.D.	7.51	22d. ADDRES	ss		Mary	land			
23a. BURIAL, CREMATION, REMOVAL (Specify)	r	23c. NAME OF CE		OR CREMATORY			TION (City, taw	_	inty)	(Stat	e)
burial 3/12/60 24. FUNERAL DIRECTOR'S SIGNATURE		St. Pa	uls		25- DECI-	Fu.	lton, Mo		's SIGNAT	IDE	
F.C. Higinbothom		Ellicott	City	116	DATE DATE	IAR 1 4			mg S. 7		

TO FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely mind in by the funefall page 3 should be detacted far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with retained by the haspital or attending physicion. TOH VR A1S (4) 1SM 9/S9

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	E/115	and very market		. U.I. Yes		
with the control of t	0.0	and list	1	31.75 S	08/20/	18, 198

Tyson Wheeler Funeral Home, Rockville, Md.

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NO TO Yeor 3rd 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA Indian Head, Md. Edward John Kaiser APT 22D Riverview . INTERVAL BETWEEN ONSET AND DEATH PART II. WITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)/ 19. WAS AUTOPSY PERFORMED? YES A NO (Stote) factory, street, office bldg., etc.) Hour a.m While Not while of work of work 19 60 hat I last saw the deceased 21. I certify that I attended the deceased from 23 February 19 60 to 3 March 19 460 , and that death accurred at 10:45 PMm the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL U.S. NAVAL HOSPITAL, BETHESDA, Md. 3-4-60 SIGNATURE PHYSICIAN'S G. B. AVERY, LT. MC. NAME (Type) U.S. NAVAL HOSPITAL BETHESDA MD. 220. SURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or caunty) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 3-7-60 Chicago. to Chicago. Burial Transit 23. FUNGERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR Orthur S. Krous

DATE MAR 9

popers. compl puo corbon that the death certificate be physicion remave attending pleose signed physician. burial-tronsit been has by the hospitol DIRECTOR: pe should etol FRAL 0

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1	3443 CERTIFIC	CATE OF DEATH	Reg. Dist. No.	00300
). PLACE OF DEATH O. COUNTY ON TROMERY MARYLANE	2. USUAL RESIDENCE (Where deceased line a. STATE	b. COUNTY MONT	admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18 RURAL and give nearest town) Silver Spring 2/28/60/3/2	c. CITY OR TOWN (Il fourside corporate	1N9 56	
3	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION, HAIRLAND NURSING HOME	600 Sessow		S RESIDENCE ON A FARM? ES NO
	3. NAME OF DECEASED (Type or print) First Middle	Lost 4. DATE OF DEATH	March 2	Yeor 1960
	5. SEX 11A1e 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	3/6 1897	AGE (In years lost birthday) 6 2 yrs. IF UNDER 1 YEAR IF Months Days H	UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) TATICAB DHIVER.	New YORI	12. CITIZEN OF V	S.
	1SALORE KALISH	14. MOTHER'S MAIDEN MAME (MKhow)	V	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give war ar dates of service)	SHEILA SHORE-	Address 600 SissoN ST	+. S.S.Mo
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CHIAL AST	INTERVONSET	AL BETWEEN AND DEATH
	527. DUE TO Conditions, if any, which gave rise to immediate	on Emplin	at we	
	cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		Y	WAS AUTOPSY PERFORMED? ES NO V
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I or Part II	af item 1B.)	
	20c. TIME OF INJURY Manth, Day, Year Hour a. jt. p. m. 19 While at work at work 10 at wo	PLACE OF INJURY (Home, farm, 20f. (City or factory, street, office bldg., etc.)	town) (County)	(Stote)
	21. I certify that attended the deceased from alive on 1900, and that dec	th occurred at SAM, from t	2, 19 60, that I last saw he causes and an the date	
ı	ACTUAL BOVIS Rubbin		t, city or town, state) Bluel Engl. 3	DATE SIGNED
	PHYSICIAN'S BORIS RATSKIN	Gilver Spring	"Mongloyd"	
	PEMOVAL (Specify)	OR CREMATORY 22d. LOCATION LELW	the state of the s	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE B. DANZANSKY & SONS 3501-1455	A. N. W. 240. REC'D BY REGISTRA	24b. REGISTRAR'S SIGNATURE CITIZEN S. The	u

	OF DEATH		
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VS A15 (4)

15M 9/58

3586 Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Pennsylvania Montgomery CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 83 days Bethesda Shenandoah d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO 415 West New York Avenue The Clinical Center, Bethesda 14, Md. 3. NAME OF Year DECEASED DEATH (Type or print) Bernard Joseph 60 Kaves March 20 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Manths Male White WIDOWED [DIVORCED | March 14. 192 10a. USUAL OCCUPATION (Give kind af work done during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Dry Cleaner Dry Cleaning (clothes) U.S.A. Pennsylvania 13. FATHER'S NAME Charles Kayes Rose Peron WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT The Medical Record Address Yes Unascertainable The Clinical Center, Bethesda 1/4, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Extensive intra-pulmonary hemorrhage Immediate DUE TO Acute lymphocytic leukemia Canditions, if ony, which Months gave rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while at work at wark 21. I certify that I attended the deceased fram. December 28,1959, ta March 20, 1960, that I last saw the deceased , and that death accurred at 1:25AM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) /20/60 The Clinical Center National Institutes of Health CHARLES E. MENGEL. M. D. Bethesda ll. Maryland NAME (Type) 22d. LOCATION (City, tawn, or county)
Cem. Shenandoah, 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Our Lady of Mt. Carmel 60 removal 2901 labotes St. N.W. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE The S.H. Hines Co. Washington 9, D.C.

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PLACE OF DEATH O. COUNTY	,		2. USUAL RESIDENCE (WHO O. STATE	nere deceosed lived. If institution b. COUNTY	n: Residence befor	e admission)		
Montgomery		MARYLAND	District of			/		
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	RAL and give nea	rest town)		
Be the sda		49 days	Washington		47	X-3		
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	spitol, give street	oddress)	d. STREET ADDRESS			on a FARM?		
The Clinical Cen	ter, Bet	hesda 14, Md.	50 F Street	, N.W.		YES NO		
3. NAME OF DECEASED (Type or print) Ch.	First arles	Middle Casto	Keathley	4. DATE Month OF DEATH March		Yeor 19 60		
5. SEX 6. COLOR OR	RACE 7. MARE	RIED X NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR			
Male White	WIDOW		January 8, 19	907 53 yrs.	Months Doys	Hours Min.		
0o. USUAL OCCUPATION (Give kind o during most of working life, even if	f work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY		
Printer	(enred)	Private	Louisia	na	U. S.	. A.		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Norman Keathley			Katherine	Graham	15 15			
S. WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO.	INFORMANT The Med	ical Record Addre	ess			
(Yes, no, or unknown) (If yes, give war or	Dales of Service)	12-03-6477 Th	e Clinical Ce	nter, Bethesda	14. Mary	rland		
18. CAUSE OF DEATH [Enter only	one couse per li				INTE	RVAL BETWEEN		
	ONS	days						
IMMEDIATE CAUSE (o) DEPOTE (O) DEPOTE CAUSE (O) DEPOTE CAUSE (O) DEPOTE CAUSE (O) DEPOTE CAUSE (O) DEPOTE CA								
Conditions, if ony, which) (bChronic Lymphocytic Leukemia								
Conditions, if ony, which		Years						
couse (o), stoting the under-								
lying couse lost.		itional Cirrho						
PART II. OTHER SIGNIFICAN	IT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0)	9. WAS AUTOPS' PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF CHEER, NOTIFY MEDICAL EXAM	DEATH	CRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in	Port I or Port II of item 18.)				
ZOc. TIME OF INJURY Month, Di Hour o. m. p. m.								
21. I certify that I attended the deceased fram February 5, 1960, to March 25, 1960, that I last saw the deceased alive an March 25, 1960, and that death accurred at 12:350M, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE National Institutes of Health								
102.00- (17/20)	CE A. GA		Betheso	la 14, Maryland				
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 3/28	160	Mount Oliv	or crematory ret Cemeter:	22d. LOCATION (City, town, or Washingtor	- 0	(Stote)		
00 FUNERAL DIRECTORIS SIGNIATURE		4 DORECC	24a. REC	D BY REGISTRAR 24b. REGIST	TRAR'S SIGNATUR	RE		
The S.H. Hines	0.2901 Wash	lighth St. Nington, D. C.	. W . DATEMA	R 28'60 Ont	bun S. Kraus	4.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely Fined in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed-with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/58

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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hours ofter deoth. Page 4

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TO THE PROPERTY OF THE PARTY OF CHECKEN bna Pranti Par Clinicali Cantar Bethorea II Per TV-11-11 artificial perfected cars or set at method 1 2 64 in 11 11 E7.307 a himself a larger to the last the last to the whole the second of the se Total Communication of the Com 108-25-2 The State of the S

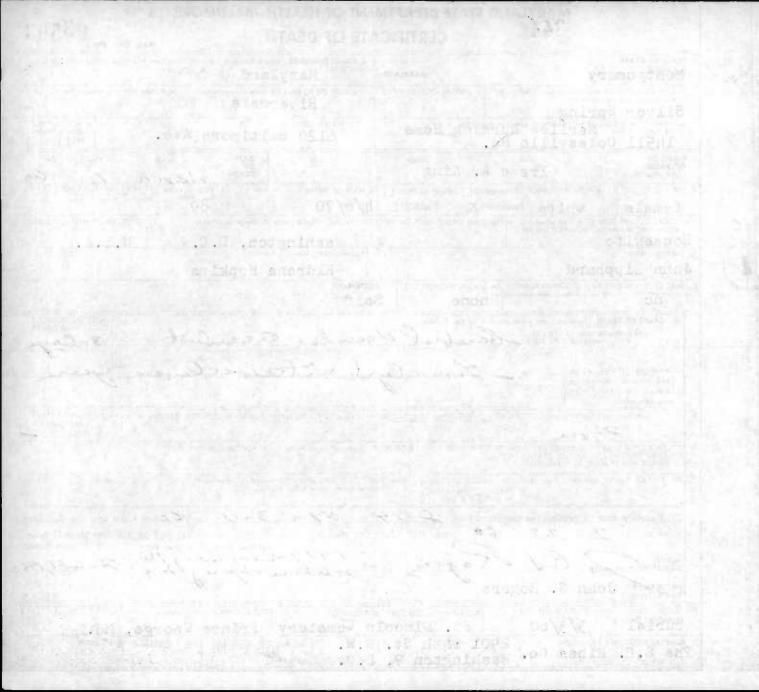
VS A15 (4) 15M 9/58

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
3444	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH	Reg. Dist. No. ()35()3
CERTIFICATE OF DEATH	Reg. Dist. No.

)	1. PLACE OF DEATH A COUNTY MONTGOMORY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
>	d. NAME OF HOSPITAL Was in Treal of Nurseling Home 14511 Colesville Rd.	d. STREET ADDRESS 6120 Baltimore Ave. e. ts RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)
	3. NAME OF DECEASED (Type or print) First Middle Irene A. King	Last 4. DATE Month Day Year OF DEATH MEXCH (1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 89 yrs. Wonths Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME John Lipphard	Washington, D.C. U.S.A.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Eldrana Hopkins NFORMANT Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under. Lying couse lost. CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT	ONSET AND DEATH 3 CONSTAND DEATH 4 CONSTAND DEATH 5 CONSTAND DE
)	37 024	PERFORMED? YES NO PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. I - 9 alive an 2 - 2 9, 196 , and that death ACTUAL SIGNATURE PHYSICIAN'S John S. Rogers 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) DATE SIGNED M.D.
	Burial 3/3/60 Ft. Lincol	n Cemetery Prince George, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE 2901 Alloweth St. The S.H. Hines Co. Weshington	N.W. 240. REC'D BY REGISTRAR 24b. REGISTRARIA SIENATURA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 1SM 9/SB 03505

3589 CERTIFICATE OF DEATH

Reg.	Dist.	No.	21	5

1.	PLACE OF DEATH a. COUNTY Montgomery	,		MARYLA		o. STATE Maryland	Where deced		. If institution. COUNTY	an: Residence	e before	e admissi	on)
	b. CITY OR TOWN (If RURAL and give nec	autside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (If outside co	rporote li	mits, write R	URAL ond g	ive near	est town	
	Bethesda			236		Lexington	Park			1	8X-	-2	
	d. NAME OF HOSPITA OR INSTITUTION		ive street	address)		d. STREET ADDRESS					e	IS RESI	DENCE FARM?
	U.S. Naval	. Hospital,	Bet	hesda Md.		Rural Rout	te #1	Boxl	35				NO T
3.	NAME OF DECEASED (Type or print)	Taura	st	Middle Mary		KOSKY	4. DAT OF DEA		Marc		Day 7		ear 9 60
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. 1	DATE OF BIRTH		9. AC	E (In years t birthdoy)	IF UNDER	I YEAR I		
	Female	white	WIDOW		_	2-20-84		7		Months	Days	Hours	Min.
-	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR		ate or foreign	n cauntry)		12. CITIZ	ZEN OF	WHATC	OUNTRY?
	House wife	ng life, even if retired		ione		Ohio				U	.S.		
	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME						
1		maled				S. Twarag							
	Joseph Olzi		CES? 16	SOCIAL SECURITY NO.	INFO	DRMANT	SOMORA		Addi	ress			
/ (Y	es, no, or unknown) (1	f yes, give war or dates of s		Joena Scomming.) David J	. Kosk	v	-	as #	2		
F	NO CAUSE OF DEAL	TH [Seter cells one co	ura nas li	no for (a) (b) and (c)]	100.	7 24.24		0		- 11		DVAL REI	TWEEN
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Interval BETWEEN ONSET AND DEATH (web)												
	Conditions, if ony, which) (b) Arterio Scher Tic heart Disease humilia												
	gove rise to immediate												
	lying cause lost.												
ATION) (c ER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TE	RMINAL DISE	ASE CON	IDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
CERTIFICATION	1.	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture of injury	in Part I or	Port II of	item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yes	20d. I While at wor	Not while		OF INJURY (Home, f y, street, affice bldg.,		City or to	wn)	(0	County)		(State)
1	21. I certify the	at I attended the	deceas	sed from 15 Jul	y 19	59 19 ta7	March	1	1960	that I la	st saw	the de	eceased
		March	. 19	/ ^	leath a	ccurred at 2:4	5PM fra	m the					
	/	0	1	O and mar c	realli a	ccorred di			ity ar tawn,		duic		E SIGNED
	ACTUAL SIGNATURE	insihV.	Har	shwan	M.	U.S. Nava	l Hosp				Md.	3-7	-60
	PHYSICIAN'S NAME (Type)	C.V. HARSHI	MAN I	T MC USN		U.S. Nava	l Hosp	ital	, Beth	nesda	Md.		us, dans dans dans dans dans dans
22 E	o. BURIAL, CREMATION REMOVAL (Specify)	3-10-6		22c. NAME OF CEMET		REMATORY		cation i	City, town,	or county) Ohi	.0	(Stote)
\vdash	YUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1001	24a. R	EC'D BY REC	SISTRAR	24b. REGI	STRAR'S SIC	SNATUR	E	1111
R	A. Pumphre	7557 W1	scons	sin Ave. Bet	hesd	a Md. DATE	NR 9 '6	0	auch	un 8. H	ines		

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Reg. Dist. No.

100	0,000	Reg. Dist	t. No.
A I	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e befare admission)
1	a. COUNTY Mentgemery MARYLAND	a. STATE b. COUNTY Hills.	bereugh 4
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and gi	
	RURAL ond give nearest town) Gaithersburg 6 Months	Tampa	18 x - 3
-	d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
	108 N. Frederick Ave.	209 South Brevard	YES NO
3	3. NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Yeor
	(Type or print) Robert Rheinholt Kreklau	DEATH March	25 1960
1	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED MIDOWED DIVORCED		1 YEAR IF UNDER 24 HI Days Haurs Min
Ī	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTR
	Merchant General Store		merican
1	13. FATHER'S NAME Julius Frank Kreklau	14. MOTHER'S MAIDEN NAME	
1		Luisa Maria Marquardt	
N	(Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address	
1	Yes WWI 516-09-3190	Julius Kreklau. Gaithersbur	g, Md.
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Fa	ilure	ONSE! AND DEAT
	157 X DUE TO		
	Conditions, if any, which) Carcinema	of Liver	The second
	gave rise to immediate DUE TO		H C J C L
	lying cause last. (c). Carcinema	of Pancreas	6 Months
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II af item 18.)	1 113 LI NO
		The state of the s	
		LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Ci	ounty) (Sto
	Haur o. m. While Nat while fo	octary, street, office bldg., etc.)	(310
		70	
13	21. I certify that I attended the deceased fram Novembe		
	alive an March 25, 1960, and that death	h accurred at 9:30 %, from the causes and an the	
,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS (Street, city ar tawn, state)	DATE SIGN
1	SIGNATURE Lucions 1, Leol	M.D. 108 N. Frederick Ave.	
	PHYSICIAN'S True iana T Tag 7	Caldbanahara 202	
	PHYSICIAN'S Luciano I. Leal	Gaithersburg, Md.	
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(State)
	Burial April 2, ou Missoula	Cemetery Missoula, Mo	ntana
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
	4. 1 12 The Gaithanahu	DATEMAD 2 8 160	1.0

JAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within haurs after death. Page netained by the haspital or attending physician.

VS A 1SM 9/SB

Montgomery Harden Morles Asus tude 15th territoria de la constitución de 7 (~ ; ; 1-1 20 2 2 2 daring as the Miles Miles and occupant of the 1892 67 Terragnis - 12 - Solversi Steve - Thispers Calsa, Miss. sor 'ona through the state of the state Page of the state Sensitive township of the sense nacia to maniches manager of Philodella Acres (Section 1997) Section (Section 1997) S The state of the s Last Lightens L. Seal Garthar Surg. M. Surfal theil t, of Massule Tractory Minutella, Continue the second of th **CERTIFICATE OF DEATH**

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haurs after death. Page 4

revained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely rifled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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VR A1S (4) 1SM 9/59

100	PLACE OF DEAT a. COUNTY on tgome:			MARYLAND	2. USUAL RESIDENCE o. STATE Maryland		b. COUNTY		efore admiss	sion)
B	b. CITY OR TOV RURAL and g	VN (If autside carporate limite nearest town) (Rural)	its, write	c. LENGTH OF STAY IN 16	Baltimor		orate limits, write I		nearest taw	
υ	OR INSTITUT	OSPITAL (If not in hospital, ION Hospital	give street		d. STREET ADDRE		ad.		e. IS RES	
	NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Мо		/	Year
-	(Type ar print)	Dav	1	Wayne	8. DATE OF BIRTH	DEATH	9. AGE (In years	rch 25		19 60
	ale	Caucasian	WIDOW	RIED NEVER MARRIED 🔀	12-7-59		last birthday)	Menths Dp		Min.
100	during mast of None	PATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU		(State or foreign	Ballimore		S.A.	OUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MAI	DEN NAME				
		C. KYLE				STEWART				
15)	no, or unknown)	O EVER IN U. S. ARMED FOR (If yes, give war or dates of			NFORMANT		Add	dress		
1	No			2.010	ospital Rec	ords				
		DEATH [Enter anly one condition of the DEATH WAS CAUSED BY:	ouse per li		0	L			NTERVAL BE	DEATH
	ne	IMMEDIATE CAUSE (neumoni	a, sep	D. Com	49		7	ray-
	101	DUE TO	1	and an ala	1.0	Mad In N			fro 4	2
	gave rise	to immediate DUE TO		yaro (Eg)	arus 1	mount	70-		6.	1,
	lying cause	ing the under-	~1	my	relocel	7	()		001	- My
CATION	PART II	OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(19. WAS	AUTOPSY DRMED?
CAT		-5.0							YES X	
CERTIF	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING [] TING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ery in Part I or Pa	art II af item 1B.)			
MEDICAL	Haur o	NJURY Manth, Day, Ye . m. . m.	While	Nat white f	LACE OF INJURY (Hame actary, street, affice blds		ty ar tawn)	(Caur	nty)	(State)
	21. I certify	that (I) (this densite	atten	ded the deceased fram.	March 19	1960 . ta	March 2	5, 19_60,	that (I)	DEN last
	saw the de	ceased alive an Ma	rch 2	25 1960 , and that	death accurred at	6PM, fram	the causes a	nd on the d	ate stated	abave.
	22a. SIGNATU	RELIA	1 .		ATTENDING	MED	STAFF			b. DATE SIGNED
	22c. PHYSICIA	N's	VV	uj	M.D. PHYS.	MED. DIRECTOR	PHYS.		3-26	-60
	NAME (Ty	G. B. AVE	RY, I	MC, USN		Naval H	lospital,	Bethese	la, Md	
230	a. BURIAL, CREM	ATION, 236. DATE THERE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, town,	ar caunty)	(Sto	te)
1	Burial (Sp	3-28-60	a (Lorraine Par	k Cemetery	Balt	imore	Mar	yland	13.
15	LEUNERAL OTRE	TORISHON SEL 12	Per	ADDRESS	Md. 2So	. REC'D BY REGIS		ISTRAR'S SIGNA	ATURE	
1	Witzke I	funeral Home,	4101	Edmonson Ave.	Baltimore DAT	TE MAR 2 9	'60	Indhun &	E. Carino	

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CERTIFICATION

WEDICAL

23. FUNERAL DIRECTOR

J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY . STATE HOWARD MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporela limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL end give neerest town) write RURAL end give naerast town) OLNEY 4 HRS. DAYTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? MONTGOMERY COUNTY GENERAL HOSPITAL. INC. YES NO NAME OF 4. DATE Month Day Yaar DECEASED OF (Type or print) DEATH JOHN LUE 19 19 60 LAMONTE MARCH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR last birthday) Hours Min. WIDOWED MALE WHITE 10a. USUAL OCCUPATION (Giva kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) MARYLAND USA B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN LUE LAMONTE HILDA JEANETTE CHAPMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes giva wer or detes of service) HOSPITAL RECORDS OLNEY. MD. 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Cily or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Steta) fectory, streat, office bldg., etc.) Not While at work et work mard 1966 21. I certify that I took charge of the remains described above, held an Autopsy & Inspection Inquiry death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S FRANK J'S BROSCHART, M. D. Addr 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Near Reisterstown, Md. Dover Cemetery Burial

DATE

REGID BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

arthur S. Kraus

VS. A15ME 5M 7/59

7. 3/4 TV Y THE CANTES COURTY WERE CALLED THE LAND THE COURTY OF THE CALLED TH GHALTER WATER STYDIASK ACTION HOSPIECE WEEKING TO THE TREET WEEK ETANK OF PROJUNCTS IN THATE ter and and the balance of the

VS A15 (4) 1SM 9/S8

MEDICAL

Hour o. m.

p. m

220. BURIAL, CREMATION, 22b. DATE THEREOF

	Item 4 FilmG258 3-14-60 et ()2192
	3592 CERTIFICATE OF DEATH Reg. Dist. No.
al ext fine and	1. PLACE OF DEATH O. COUNTY O. STATE O. STATE O. STATE O. STATE D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY MONTGONELY
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) RURAL and give nearest town) Settlesda C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSIA 9701
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year OF DEATH March // 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 3 - 25-02 9. AGE (In yeors lost birthday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if refired) OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME ALLIE ALLIE ALLIE 14. MOTHER'S MAIDEN MAME ALLIE ALLI
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, po. or unknown) 1923-1926 578. 01. 9219 Wife - Traomia m. Late.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac arrost 30 mm
	Conditions, if ony, which) (b) Postop Status (4 days gostop) Resertion of Broyley 4 day
	gove rise to immediate couse (o), stating the under- lying couse lost. DUE TO Agriconous Carcinon of Exphagus / year t
	PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPS' PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

Not while

ot work

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED

While

ot work

19

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

21. I certify that I attended the deceased from 2 - 19 -3-1 19 60 that I last saw the deceased 19 60 720 P.M. from the causes and an the date stated above. and that death accurred at alive an DATE SIGNED

ACTUAL PHYSICIAN'S NAME (Type) bood

22c. NAME OF CEMETERY OR CREMATORY Reformed Cemetery

22d. LOCATION (City, town, or county) Middletown, Md.

(Stote)

2901 Apusth St. Washington 9, N.W. D.C. 23. FUNERAL DIRECTOR'S SIGNATURE S.H. Hines Co.

240. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

TARG TO RESTRICT SEEDS

All the second of the second o

Single the state of the state o

FOR STATE DOY DITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

p delay is necessary, melesses execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with four PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File p ges 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any even within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

V	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1	mm to MARYLAND	a. STATE b. COUNTY
1	b. CITY OR TOWN (if outside corp tate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nevest town)
1	write RURAL and give neerest fown)	V 1/
1	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddiess)	d. STREET ADDRESS a. IS RESIDENCE
1	d. Name of Hospital of Institution in Hospital, give siver edgress)	ON A FARM?
	3101 mc Comas Cur	3101 Mac Comas aux YES NO D
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
1	(Type or print) Transfer Helter	each DEATH May 14 1960
1	5. SEX 6. COLOR OR RACE 7. MARRIED TO B.	DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
1	male / widowed Divorced	3-9-16/16 last birthdey) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired)	100
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	13. PATIER STRAINE	14. MOTHER 3 MAIDEN NAME
	trank black	Eva Dongherty
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11. (Yas, no, or unknown) (Ifyasgivewarordatesofservice)	NFORMANT
	yes WW #2 469-10-2303 UL	olet heres (with) Ilun 2
1	18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cashenea	ONSET AND DEATH
	97114	
	DUE TO	
	Conditions, If eny, which geve rise to immediate cause	
1	(a), steling the underlying DUE TO	
	cause lesi. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	TATION TO THE PART OF THE PART	YES NO NO
ı		nter natura of injury in Pert I or Part II of itam 18.)
ı	PRIMARY or CONTRIBUTING DE CAUSE OF DEATH.	· Land Ad American
1	3 20c, TIME OF INJURY Month, Day, Year 200, INJURY/OCCURRED 20c, PLA	CE OF INJURY (Homa, farm, '20f. (City or town) (County) (State)
ı		ory, street, office bldg., atc.)
1		mme Wusingles Minty one
	21. I certify that I took charge of the remains described above, he	
1	death resulted from: Natural causes, Accident, Suici	de . Homicide , Undetermined manner
	1 1	CHIEF MEDICAL EXAMINER
	SIGNATURE THEMA I - 1 DIOSCHOLL	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
-	1	DEPUTY MEDICAL EXAMINER
1	NAME (Typa) FLANK T. Bruschen	Addrass (Street, city, town, or county) 3-14-6-
-	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	BURIAL 3/17/60 ARLINGTON NAT'I	. CEMETERY ARLINGTON, VIRGINIA
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER SPRIN	IG MD
1	(Xaiprond a. Jakka)	DAMAR 16'60 arthur & Krouns

MIARGADINES CERTIFICATE OR DEATH ADERCA DESTRUCTION OF THE PROPERTY OF THE PROP A MEN WAY, AND THE STREET, ST. LEAVING TO SELVEN SERVICE STREET, AND SERVICE SERVICES SERVICE **CERTIFICATE OF DEATH**

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MENT GONERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY MONTE ONERY
1	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) TAKOMA TACK	56. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56. LUER Spring
5	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION WAShing Ton SANITARIUM + Hospital	d. STREET ADDRESS 4 414 SILVER Spring on A FARM YES NO
	3. NAME OF DECEASED (Type or print) MAURE VIRGINIA	LECHLIGER 4. DATE Manth Day Year DEATH 3 2 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1-26-'90 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H last birthday) 7. Yrs. Manths Days Hours Min
	10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) What is a substitute of working life.	USTRY 11. BIRTHPLACE (State or foreign country) COLES VILLE Md. 12. CITIZEN OF WHAT COUNTS
	13 FATHER'S NAME J.T. RichARdSON	14. MOTHER'S MAIDEN NAME ALICE VAN HORN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	MRS Egneta Schulze-412 Silver Spris
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which	Insufficiency 20 minutes
0	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Part 11 of item 18.)
H		PLACE OF INJURY (Home, form, actory, street, office bldg., etc.) (City or town) (Caunty) (Sta
	21. I certify that I attended the deceased fram May 13	th accurred at Si 4) DM, from the causes and an the date stated aba ADDRESS (Street, city or town, stote) DATE SIGN M.D. P23 7 FLORGIA GOD Silver Spring, Ad.
	220. BURIAL CREMATION, 22b. DATE THEREOF BURTONSVILLE U	OR CREMATORY UNION CEMETERY 22d. LOCATION (City, town, or county) MONTGOMERY COUNTY, MD.
-	23. FUNERAL DIRECTOR'S SIGNATURE Y, INC. SILVER SPRI	ING, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Outline S. Keaus

siy rilled in by the funeral director, Poges 1 and 2 should be filed with 24 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician VS A15 (4) 15M 9/58

PITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed wi

Then please remove

the registror priar ta buriol, cremation, ar removal, and in any event within 72 haurs

poge 3 shauld be detoched for use as the buriol-transit permit.

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Alan Haran	TO THE RESERVE OF THE PROPERTY
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3593 CERTIFICATE OF DEATH

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With	Ton	1
filed	(m)	
AL		

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A haurs after death. Page 4 evalued by the haspital ar attending physician.

AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, hauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages I and 2 should be filed with Board af Health priar to burial, crematian, or removal, and in any event within 72 hours after death.

TO FUNER page 3 sh	8
R A15 (4) 5M 9/59	8

	n. PLACE OF DEATH o. COUNTY Montgomes	rv	MARYLAND	2. USUAL RESII o. STATE Mary		eased lived. If instituti b. COUNTY			
	b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limits, write corest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring					
-	XXXXXXXX	AL (If not in hospital, give stree	16 days					e. IS RESIDENCE	
2	OR INSTITUTION			d. STREET A		D 3		ON A FARM?	
	ontgomery (County General	Hospital, Inc.	Chanc	llee Mill	Road		YES NO	
3	B. NAME OF DECEASED (Type or print)	First	Middle	Los	OF			Day Year	
-		Clarence	Wilson	Le	96	Plat		.5, 1960 R IF UNDER 24 HRS.	
1	S. SEX			B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 32 yrs.	Months Days		
	Male	Negro widow	VED DIVORCED	March 27	, 1921	32 yrs.			
1	Oa. USUAL OCCUPATIO	ON (Give kind of work done 10th	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or foreign	gn country)	12. CITIZEN	OF WHAT COUNTRY?	
	Gornig most of work	ang me, even in terried)		Mar	yland		U.	S. A.	
ī	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	Wile	on Lee		Dais	y Walker				
1			S. SOCIAL SECURITY NO. 17. IN	FORMANT	y warner	Add	ress		
1		(If yes, give war or dates of service)				, 100			
4	/		H	ospital	Records				
	18. CAUSE OF DEA	TH [Enter only one couse per	line for (0), (b), and (2).]				IN	ST AND DEATH	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Market	Bren	anden			7 days	
1	178 X DUE TO COLO A VARILO COLO - LA C								
	Conditions, if ony, which) the analystastoms of lesting left chalarons of man								
	gove rise to in	mmediate	1000000 11 0-4 00	0	1	11000		1 1/00	
1	couse (o), stoting	DILETO					1.10		
	lying couse lost.) (c)						0	
	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	SEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
-	N N N N N N N N N N N N N N N N N N N							YES NO	
	PART II. OTH	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in Port I or	Port II of item 18.)			
			INTERIOR OCCUPATION 120° BI	ACE OF INJURY (Home form 206	(City as As a)	10	/State)	
	20c. TIME OF INJUR Hour o. m. p. m.	Whil	fa.	ctory, street, office		(City or town)	(County	y) (Stote)	
	₹ p. m.	19 of w	ork at work	1		-			
	21. I certify tha	it (1) (this haspital) atter	nded the deceased fram	127	129	to 3/3	1960	that (I) (we) last	
		sed alive an 3/15	1960 , and that o		\$30PM F	om the causes as			
	220. SIGNATURE			Carri decorrer	Se award triy II	The couses of	ic dil life dd	22b. DATE	
		" WAT		ATTENDIN	MED.	STAFF	31	16 LA SIGNED	
	22c. PHYSICIAN'S	MARK		M.D. PHYS.	DIRECTOR	PHYS.			
	NAME (Type)		\						
		C. H. Ligon	M. D.		Sandy Spr	ring, Md.		<i>f</i>	
	23a. BURIAL, CREMATIO REMOVAL DEPOTY)	3/19/60	23c. NAME OF CEMETERY O	R CREMATORY	23d. LG	Sandy Sprin	or county)	(Stote)	
	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		250. REC'D BY RE	GISTRAR 25b. REG	ISTRAR'S SIGNAT	TURE	
	A. 0. 1	- Sunde	Rockville, M	d.	DATE				
					DATEIAR 2 2	60	1 9 %		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A1S (4) 1SM 9/SB

1	0000	CERTITIO	ALE OF BEATTI	R	eg. Dist. No.
	1. PLACE OF DEATH o. COUNTY	w	2. USUAL RESIDENCE (Where of		Residence before admission)
	MONT JOMER	MARYLAND	O. STATE MARY	AND b. COUNTY	MONT.
	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16	g. CITY OR TOWN (If outside	e corporate limits, write RURA	L ond give nearest town)
ı	FAIRIAND 7	15/60-3/27/61	Chev+C.	hASE	58
	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION L NURS/NG	Home	6406 RUF	= FIN RO	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	Salar TS	DATE Month OF DEATH	27 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED	□ NEVER MARRIED □	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	MAIR WINTE WIDOWED		Lenknow	1 1 1 1 1 1	onths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during mast af warking life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fa	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Telegraph Operator We	STERN Unio.	NOHIC		US.
1	13. FATHER'S NAME	~	14. MOTHER'S MAIDEN NAME	-	
1	SAMUEL LIEBSC	4012	HMAND!	4 FOX	
)5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	7-09-944	HENRY LIEBS	CHUTZ. 6406	-RUFFIN RD
1	1B. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]			INTERVAL BETWEEN
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLFC	inoma al	the soft u	alate,	7 month
1	144X DUE TO	0			
	Conditions, if ony, which) (b)				
1	gave rise to immediate DUE TO	- C4			
ı	lying cause lost.				
i	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	3 arterioselerobi	Mart	Disease		YES NO Z
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port II af item 18.)	
1		RY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20	Of, (City or town)	(County) (State)
	Hour a.m. While _		ctory, street, office bldg., etc.)	with the second	(Side)
ı	21. I certify that I attended the deceased	from QUAL.	1959 to mare	de 27 1960th	at I last saw the deceased
	alive on march 27, 1960	, and that death	accurred at 4 P. M.	from the causes and (an the date stated abave
	2 1 6 2	0	ADDI	RESS (Street, city or town, stol	te) DATE SIGNED
	SIGNATURE Charles 2, 46e	Kler	M.D. 901 200	GEN.W. WO	thlaghen D.C. 3-2
ı	PHYSICIAN'S A A A D D T IN E		n n / h		
	PHYSICIAN'S ANDREW E.	FISCHER	K, M.D		
		ASHINGTON A		LOCATION (City, town, or com. WASHING TO	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADD RESS	24o. REC'D BY		AR'S SIGNATURE
	BERNARD DANZANSKY-SONS-	3501-145	ST. N. W DATE MAR	31 '60 an	Chur S. Kraus

HTA10 TO STANKING AND STOCK MONT SOMERY THE PARAMED LICENT FREEZEND STORES STORES OF SUNFORESTEEL SHOULDING WAS HAR & BOOK PUFFIN RES CONTRACTOR OF THE CONTRACTOR O X and a blant mark in the Total of the market and the commence of the state of the commence of the commenc ETTER THE HER SELECTION OF THE THE THE to Market State Committee States and the States of the Sta

ltem

18 (3514

	730						Reg. Di	st. No.	
1. PLACE OF DEATH			1	. USUAL RESIDENCE (Where decea	sed lived. If Institu	tion: Reside	nce before od	mission)
Montgo	meru . %	MARYL	AND G	eorgia	kkani	b. COUNT	Fu	lton-	7 1
b. CITY OR TOWN (IF	outside corporate limits, write RUI	C. LENGTH OF STAY IN		c. CITY OR TOWN (I	f outside cor	porote limits, write	RURAL ond	give nearest	fown)
and give nearest town)		24 11-0		Atlar			4	91	(3)
	thosda	24 Hrs. of in hospital, give street address)		d. STREET ADDRESS	ila 181			la IS	RESIDENCE
					The second of	A NI	E	0	N A FARM?
		ospital		6574 More	-	Ave. N.	. E.	1 1 1 5	□ NO [
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	1	Day	Year 60
(Type or print)	Anne	Dunford	Lit	tlepage	DEATH	March	1	28	1960
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. D.	ATE OF BIRTH 188	39	9. AGE (In years last birthday)	IF UNDER		IDER 24 HRS
Female	Wh ite W	DOWED DIVORCED	1 1	lay 9, 108	SCO .	70 yrs.	Ments 1	T9 Houn	Min.
100. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WHA	T COUNTR'
during most of working	emaker			Richmon	d. Vin	rginia		U.S.A	
13. FATHER'S NAME			14	MOTHER'S MAIDEN I		-			
UD	Dumfond				ephine	e Kah 1			
	Dumford R IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. I	17. INFC		Churin	Address			
	(If yes, give war or dates of service	(4)			V)		D	77 - 1	7-
No		Unknown		Daughter	Mrs. I	Mitchell	Dan Vi	lile,	18.
		er line for (a), (b), and (c).]						ONSET AND	WEEN DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	19 spm	111	a				acur	50
892.9	DUE TO	_ 1		_1A	/ A				
Conditions, if on	ny, which) (b)	I arrian Dr	011	ment house	hit	1.0		mut	>
gove rise to immed	liote couse (-cu	1	- wa	20-6-4			1
(o), stating the u	(c)	arbon Mo	20	xide.	Pais	oni	4	48	four
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		S AUTOPSY
3	Acut	- Drenge	ear	tilos				YES	
PART II. OTH 20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS 20b. D	ESCRIBE HOW INJURY OCCURRI	ED. (Ente	r noture of injury in Por	t I or Port II	of item 18.)			
CAUSE OF DEATH.	IIKIBUTING LI	Not		ermined					
3 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e	PLACE	OF INJURY (Home, form	n, 20f. (Cit	y or town)	(Cou	ntv)	(Stote)
20c. TIME OF INJUR Hour a. m. p. m.	19	While Not white of work of work	factory,	street, office bldg., etc	-)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		the remains described	abave	held an Autaps	v 🗹 :	nspection \square .	Inquiry	/ П cnc	d find the
		ses , Accident ,				ndetermined c		, LI, dire	11110
	1		00,0,0	, Haimerde	Д, о	ndetermined c	dose [_].	~	
ACTUAL	t- 11	mond.	~/	CHIEF MEDICAL E	VALUE	3.30		DATI	E SIGNED
SIGNATURE	and y.	Westnan	- N	LD. CHIEF MEDICAL E				. ,	
EXAMINER'S NAME (Type)	ELAWK	J. Broscha	nh	ASSISTANT MEDICAL			-28	-60	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CRI	EMATORY	22d. LOCA	TION (City, town, o	or county)	(51	ote)
Burial	3/30/60	Oakwood	Ceme	eterv	Ric	hmond,	Virgi	nia	
23. FUNERAL DIRECTOR		ADDRESS		240 PEC	D BY REGIST				
Robert A	. Pumphrey	Bethesda,	mary	Land	P 31 '6	0 0		4	

VS. A15ME(5) 5M 9/55

	AULTRIN TO THE ATTEMPT OF THE ATTEMP
CERTIFICATE OF PEATH	CARMINENS LASIGEM
Committee and the Standard Terrandom rend protein May 1	INTERESTINATION DE MINISTRATION DE MINISTRATIO
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AND I SHARE AND	THE ENGLISHED PROPERTY OF THE PROPERTY OF

nours ofter death. Page 4

the ottending physicion and completely filled in by the funeral director.

Then please remove carbon papers. Pages 1 and 2 should be filled with may stained by the hospital or ottending physicion. **5 FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event withm-72 hours ofter death.

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

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TO HO	moy	TO FUN	pode
VR 15	A	9/	(4) 59

	003 :	CONTINU						
1. PLACE OF DEATH			2.	USUAL RESIDENCE (WI	here deceased live		: Residence be	fore admission)
	Montgomery	MARYLA	ND	Maryl	and	b. COUNTY	iontec	merv
	(If autside carporate limits, wri	ite c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corporate I			
Beth	nesda	7 years		X Bethe	sda			
OR INSTITUTION		reet oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
5726	Bradley Bo	ulevard		5726	Bradley	Boule	evard	YES NO
3. NAME OF DECEASED (Type or print)	Willard	Middle	Lo	schey	4. DATE OF DEATH	March	-	Day Year 19 60
5. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED	□ 8. D	ATE OF BIRTH	9. A	GE (In years IF	UNDER 1 YEA	R IF UNDER 24 HRS
Male	White WID	OWED TO DIVORCED		4/22/82	7	7 yrs.	Marity Pry	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY
Ret-Adver	sising	Advertisin	g	Monta	na		US	
3. FATHER'S NAME			1.	4. MOTHER'S MAIDEN	NAME			
Wi	illiam Locke	y		Unkn	own			
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	5	
No	(it yes, give wor or oures or survice)	Unknown	Mrs	. Grosven	or-daug	hter-s	same a	s 2d
18. CAUSE OF DE	ATH [Enter only one cause po	er line for (a), (b), and (c).]		1				ITERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coarcino	مدد	2 NODIA				NSET AND DEATH
154	DUE TO	Paramo		12 2				
Canditions, if	any, which) (b)	(acmo	ma	1Ciche	un		X1.5	
gove rise to	immediate Dus TO		HUL					
lying cause last	the onder-							
PART II. O1	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	INAL DISEASE COI	NDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
Ř								PERFORMED?
20a. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Part II of	item 18.)		
PART II. OT	G CAUSE OF DEATH							
20c. TIME OF INJU	IRY Month, Day, Year 20	d. INJURY OCCURRED 20	De. PLACE	OF INJURY (Home, farm	n, 20f. (City or to	wn)	(Count	y) (State
Hour a.m.	10 W	hile Not while	factory	, street, office bldg., etc	-)	Ligan)		
	G,		VY	March 3	10 1	wils	1/1	
	at (I) (this hospital) att	1 - 1.		10	5 ta	Juca o		that (1) (ve) las
saw the deced	ased alive an III	1960, and th	nat deat	h accurred at 3 3	M, fram the	causes and	an the da	te stated abave
220. SIGNATURE	I't leit h	whites	M.D.	ATTENDING M. M. PHYS.	ED. ST	AFF IYS. 🗆		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Wm Fleet	Luckett		22d. ADDRESS	Pen.	1 de	46.	
3a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CE	REMATORY	23d. LOCATION	(City, town, or	county)	(State)
Burial	3/8/60	Parklawn	Cem	eterv	Rocky	ille.	Mary]	and
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			D BY REGISTRAR		RAR'S SIGNAT	
Robert	A. Pumphrey	Bethesda,	Mar	yland DAMAR	11'60	Orthur	S. Kran	4

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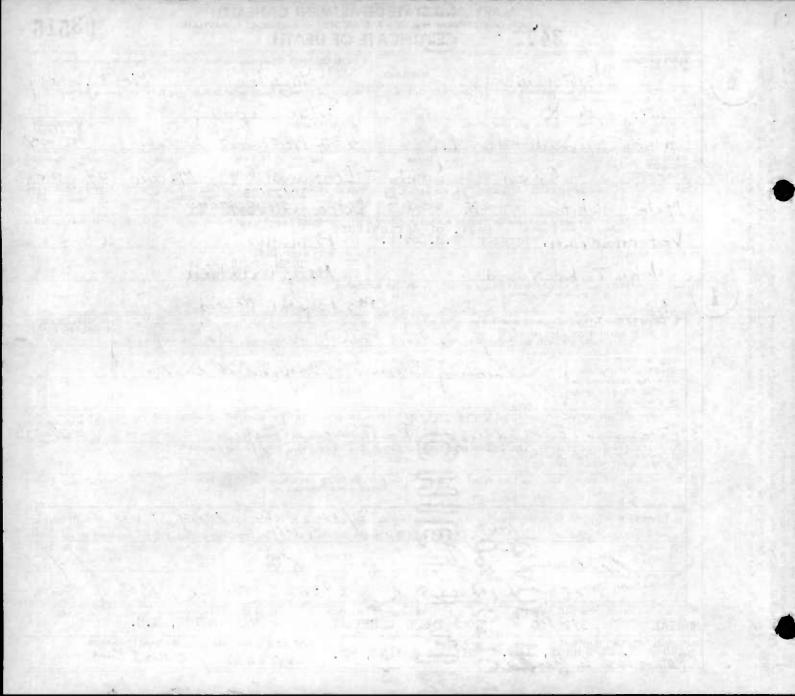
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03516

4 E	000	OE CERTIFICATE OF DEATH
ge 4	-	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
Page director	I AM	O. COUNTY MONTO MARYLAND O. STATE MACULA DE COUNTY MONTO DE LA
五 三二	192	b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
dea d bl		RURAL and give nearest town)
er c		d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
oft she	ATIE	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM?
by d 2	0/0	Washington Jan. + Hospital 1432 Northwest Uriver YES NOW
ho ii	1	3. NAME OF First Middle Last 4. DATE Month Day Year
24 24 Ilec	Ę	(Type or print) Owen Lambert Lockium DEATH March 24 1960
- Go	0 0	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 10/29/83 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
W. W.	0	by lost birthdoy) Months Days Hours Min.
nple ers	5	
can	S C C C C C C C C C C C C C C C C C C C	during most of working life, even if retired) Dept. of Agriculture
ex Pu	2	Veternarian, Surgeon U.S. Gov't. Fennsylvania U.S.A.
be n		13. FATHER'S NAME
or o	£ /_	John T. Lock wood ROSE CALLAHAN
ifice	3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
p pl	le l	(16 s. no. or unknown) (If yes, give war or dotes of service) NONE Pt's hospital Record
ding		
len	5	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
e de	=	PART I. DEATH WAS CAUSED BY: Congestive Heart Failure - Mysessocial insufficient
the The	puo	420./ DUE TO
the by	<u></u>	(Conditions, if ony, which) (b) Carriery Selegores - Mycardial duple
ed ed	000	gove rise to immediate
qui	9	cause (a), stating the under-
re ion sn s	5	lying couse lost.) (c)
ysic bee	, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
phy phy ial-	100	3 Cardinamo Esophagus - Post surgical by bass YES NO
ing the	9	20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Port II of item 18.)
AN Pud	<u>,</u>	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
otto ortification	5	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
AYS	Ď	Haur o. m. While Nat while foctory, street, affice bldg., etc.]
to the training	7	
No spirer de fe	prid	21. I certify that (1) (this haspital) attended the deceased fram. 3/20, 1960, ta Mary 24, 1960, that (1) (we) last
che A he	£	saw the deceased alive an 3/24 1960, and that death accurred at \$45 PM, from the causes and an the date stated above.
TEN THE	8	22b. DATE
A CT P	<u>_</u>	M.D. PHYS. DIRECTOR PHYS. 3/2 5/60
E Ped	0 /	22c. PHYSICIAN'S 22d. ADDRESS
NE Poir	00	NAME (Type) MARVIN L. LOCKIN 8485 FENTON St., S.S., 200
RA Sho	<u>ө</u>	1 1/1/Com 2. ACCAM 1.03 (2.1/10) 31. 3. 3. 3. 24 5.
DSI DSI DSI DSI DSI DSI DSI DSI DSI DSI	Sta	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
900	e e	BURIAL (Specify) 3/28/60 ROCK CREEK CEMETERY WASHINGTON, D.C.
5 7		24_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A1S (4)		WARNER E. PUMPHREY, INC. SILVER SPRING, MD. DATMAR 28'60 OFFLING & KINA

VR A1S (4) 1SM 9/59

24 hours after death. Page 4



	d in by the funeral director,	I and 2 should be filed with		07
	ittending physician and campletely fille	pleose remave carban papers. Pages	within 72 hours after death.	
he retried by the horairal or attention obtained	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remare carban papers. Pages 1 and 2 should be filled with	the registrar prior to burial, cremation, ar removal, and in any event within 72 tours after death.	C
to sol ad ad be besides	TO FUNERAL DIRECTOR: After	page 3 should be detached fo	the registrar prior to burial, ar	

VS A15 (4) 15M 9/5B

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	50. CITY OR TOWN (If autside carp	porote limits, write R	Burnt Mill	town) Village
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washing to a San +	Hospital	1 d. STREET ADDRESS 432 North Wes	+ Drive	0	RESIDENCE
3. NAME OF DECEASED (Type or print)	Middle Ella	Lost 4. DATE OF DEAT.	4	oth Day	Year 19 60
5. SEX 6. COLOR OR RACE 7. MARI	MES PA . TETER THE MESTER TO	8. DATE OF BIRTH 3 - 27-84	9. AGE (In years last birthday) 75 XXX yrs.	Months Days Ho	JNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	own home	STRY 11. BIRTHPLACE (State or foreign Maryland	country)	12. CITIZEN OF WH	
13. FATHER'S NAME William H. Barn	es	Mary A:	Sobiathoox	XX STILWELI	L
(Yes, np, sh unknown) (If yes, give war or dates of service)	NONE H	OSpital Recoi	rds. Add	ress	T.J.
18. CAUSE OF DEATH [Enter only one cause per leave part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	To for (o), (b), and (c).]	of hulwover	y arte	Try INTERVA	L BETWEEN
Conditions, if any, which) DUE TO Conditions, if any, which)	ryocardia	Pinsufficiance	faile	To 14.	woi
gove rise to immediate couse (a), stating the under- lying cause last.	flortousie	elear	V	200	zyla
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIV	P	VAS AUTOPSY ERFORMED? S NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Pa	art II af item 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. While p. m. 19	Not while fac	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ty or town)	(County)	(State
21. I certify that I attended the decease alive as war 4, 196		accurred at//:35 M, from		that I last saw th	
ACTUAL LE LU Mandre	we	9601 Coles ADDRESS	Street, city or town,	stote) Mary	- 196
PHYSICIAN'S JOH M N. AM	drews1	1D.	7	(
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/7/60	22c. NAME OF CEMETERY O ROCK CREEK C		ATION (City, town, HINGTON,		(State)
23. FUNERAL DIRECTOR'S SIGNATURE LARNER E. PUMPHREY, INC.	SILVER SPRI	NG, MD. 24a. REC'D BY REG		STRAR'S SIGNATURE	

the track the state of the late of The order of hadions y cultury Market and who was a factor of the second and hill a transcription of 50 / July 4 (all 1975) Wastehn A. Andrews M. BOARD TO THE THE SECOND OF THE SECOND THE STATE OF THE STATE OF THE SECOND SECONDS

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MARYLAND STATE DEPARTMENT OF HEALTH 3 PHYLON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

P. AGE CO PEATH C. COUNTY MONTGOMERY MARYLAND C. STATE MARYLAND C. STATE MARYLAND C. STATE MARYLAND										
SILVER SPRING d. NAME OF HOSPITAL [If not in haspital, give street odderse) J. NAME OF DECLARATION (The property) J. NAME OF DECLARA	a. COUNTY	RY	MARYLA		a. STATE					ian)
SILVER SPRING d. NAME OF DESTREAL (FIRE to inspire layer street address) d. NAME OF DESTREAL (FIRE to inspire layer street address) 11,928 Andrew Court 12,960 13,041 Court (File Note) 14,047 (File Note) 15,042 Court (File Note) 16,050 Liver 16,050 Liver 16,050 Liver 17,061 Liver 18,061 Liver 18,061 Liver 18,061 Liver 19,061 Liver 19,061 Liver 19,061 Liver 19,061 Liver 10,061 Live	b. CITY OR TOWN (If outside carpo	prote limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	utside corporate	limits, write RU	RAL and give	nearest law	1)
d. SREET ADDRESS OR INSTITUTION 11,928 And Tew Court 12,928 And Tew Court 13,928 And Tew Court 14,928 And Tew Court 15, MOEST 16, SEET ADDRESS 16, DOEST AND SEET ADDRESS 17, And Tew Mark Court 18, DATE OF BIRTH 19, AGE (In your Mark) 100, USUAL OCCUPATION (Give kind of work done) 100, USUAL OCCUP			E	15	/ CTTURD C	בעג ד ממי				
3. NAME OF DECEASED OF FIRST DISTRICTION 11,928 Andrew Court 12,000 MARY 13,000 MARY 14,000 MARY 15,000 MARY 15,000 MARY 16,000 MARY 16,000 MARY 16,000 MARY 17,000 MARY 18,000 MARY 18,000 MARY 18,000 MARY 19,24/76 18,000 MARY 10,000 MARY 10,00					The same of the sa	PRING			a IS PES	IDENCE
3. NAME OF DECASED POPEN STATE OF STATE	OR INSTITUTION			1					ON A	FARM?
DECASED (Type or print) MARY A. LOVELY DEATH MAR. 22 1960 S. SEX S. COLOR OR RACE WHITE WIDOWED DIVORCED	11,928	Andrew (Court		11,928	Andrew	Court		YES	NO I
BECEASED (Type or print) MARY A. LOVELY BATH MAR, 22 1960 S. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED D DIVORCED 9/24/76 9. AGE (in year) 10. USUAL OCCUPATION (Cive kind of work done) OWN HOME OWN HOME OWN HOME OWN HOME OWN HOME OWN HOME 14. MOTHER'S MAIDEN NAME BARBARA? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DECEASED EVER IN U. S. ARMED FORCES? IN W. S. DEVEL IN U. S. ARMED FORCES. IN W. S. DEVEL IN U. S. ARMED FORCES. IN W. S. DEVEL IN U. S. DEVE	3. NAME OF	First	Middle		Last	4. DATE	Month		Day	Year
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9/2 4/76 9/2 4/76 10/2 10/2 10/2 10/2 10/2 10/2 10/2 10/2		IARY	Α.	LO	VELY		MAR	. 2	2	1960
TEMALE WHITE WOOVED DIVORCED 9/2 4/76 83 yr. Months Days Hours Min.		D DACE 7			TE OF BIRTH	0	AGE (In years	FUNDER 1 YE		• •
10. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ROMEMAKER 10. MAD RECASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT SIS. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INFORMANT INFORMANT 11. MOTHER'S MAIDEN NAME Address Addres		100				/	last birthdoy)			
HOMEMAKER 13. FATHERS NAME JOHN NACANAST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. FART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gove rise to immediate couse (a), tholing the under lying couse lost. (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BE INFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BE INFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BE INFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BE INFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BE INFORMED. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT IN PART I.(a) 19. WAS AUTOPSY YES NOT BUT	FEMALE WHIT	WIDOWI	ED 🔼 DIVORCED		9/24/10		83 yrs.			
HOMEMAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. DUE TO Conditions, if any, which give rise to immediate couse (b), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.) 20c. ACCIDENT WAS UNDERLYING. 20c. TIME OF INJURY Month, Doy, Year Mour of work of work of work of work. 21. 1 certify that (I) (this haspital) attended the deceased from 19. 10. 3-22. 19.62. that (I) (we) last saw the deceased alive on 3-22. 19.62., and that death accurred of 17.24M, from the causes and on the date stated above. 220. EURIAL (Premation) 23. DATE THEREOF REMATION) 23. DATE THEREOF REMATION. 23. DATE THEREOF REMATION. 25. CONTRIBUTION. 25. CNAME OF CREMETERY OR CREMATORY 23d. LOCATION (City, row, or county) (Stole) TRANS. 8 BUT IA. 3/25/60 OUR LADY OF ANGELS CEMETERY ALBANY COUNTY, NEW YORK 25. ENLIRED ALBERT 25. REGISTRAY'S SIGNATURE 26. RUNEAR LORGED Y ALBANY COUNTY, NEW YORK 27. ADDRESS 25. CREMETERY ALBANY COUNTY, NEW YORK 27. ADDRESS 25. ADDRESS 125. REGISTRAY'S SIGNATURE 27. ADDRESS 25. CREMETERY 25. REGISTRAY'S SIGNATURE	10a. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State of	or fareign count	rry)	12. CITIZEN	OF WHAT	OUNTRY?
13. FATHER'S NAME JOHN NACANAST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Agnes D. Herbert, 11,928 Andrew Court Mrs. Agnes D. Herbert, 11,928 Andr			OUNT HOME		GERMA	NV		11	SA	
JOHN NACANAST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Agnes D. Herbert, 11,928 Andrew Court TO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY. 10. DUE TO 11. ONE SILVET SPITITY, MINISTERIAL SETTING, MINISTERIAL DEATH WAS CAUSED BY. 19. Conditions, if any, which gover rise to immediate couse (b), stoling the under lying couse lost. 19. Conditions, if any, which gover rise to immediate couse (c), stoling the under lying couse lost. 10. The significant conditions contributing to Death But not related to the terminal disease condition given in Part 1(a) 19. WAS AUTOPSY PERFORMEDY YES NO MEDICAL EXAMINER STATE DEATH WILLIAM STATE			JWN HOPE	14					J 663 6	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11, 928 Andrew Court 12, 928 Andrew Court 1										
State Stat		uso sonceso la	COCIAL CECURITY NO	17 INFOR		1 8	Addre	ee		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (b), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMANCE? YES NO IN PERFORMANCE? YES NO IN 19. WAS AUTOPSY PERFORMANCE? YES ON IN 19. WAS AUTOPSY PERFORM			SOCIAL SECURITY NO.			Harbart	, , , , , ,		eta Coa	1904
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIYTHOSIS OF LIVEY	no	1	none	Par S	. Agnes D.					
PART I. DEATH WAS CAUSED BY: INMEDIATE CAUSE O	18. CAUSE OF DEATH Enter on	ly one couse per li	ne far (a), (b), and (c).]			STIVE	r Sbrru			
DUE TO Conditions, if any, which gave rise to immediate course (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II. EITHER, NOTIFY MEDICAL EXAMINER; 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 207. THE OF INJURY Month, Doy, Year 200. INJURY OCCURRED While Not while of work of the original of the part of work of the original ori	PART I. DEATH WAS CAU	SED BY:	1 15- 0-	61:	1010			-	21	
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220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 3-22-62 SIGNED 220. PHYSICIAN'S NAME (Type) Movis Perry 221. ADDRESS 1622 G-ev rgia Ave. Siver Spring Md. 222. PHYSICIAN'S NAME (Type) Movis Perry 223. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22c. NAME OF CEMETERY OR CREMATORY 224. FUNERAL DIRECTOR'S SIGNATURE 225. REC'D BY REGISTRAR'S SIGNATURE		9 77			h accurred at 7:34	M. from th	e couses and	d on the d	ate state	d abave.
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22c. PHYSICIAN'S NAME (Type) MOYVIS Perry 22d. ADDRESS 11602 Georgia AVe. Silver Spring Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF TRANS. & BURIAL 3/25/60 23c. NAME OF CEMETERY OR CREMATORY OUR LADY OF ANGELS CEMETERY ALBANY COUNTY, NEW YORK 24. FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR'S SIGNATURE	marie	e Roma	- /	M.D.	ATTENDING ME	ED. RECTOR	STAFF PHYS.	3-22	2-60	SIGNED
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24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		3/25/60	OUR LADY O	F ANG	ELS CEMETER	Y AL	BANY COU	NTY, N	EW YOR	RK
WARNER E. PIMPHREY, INC. SILVER SPRING, MD. DATE MAR 2 4'60 Conting & thous						D BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNA	ATURE	
	WARNER E. PLMPHRE	Ya INC	SILVER SPR	RING, 1	DATE MA	AR 2 4 '60	Cin	Chun S. 4	Craus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3598

Ren Diet Ne

3000	keg. Dist. No.
1. PLACE OF DEATH O. COUNTY MONTE GOMEV MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
BetHeSDA 3 MOS.	WasHINGTON 47X-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS (e. IS RESIDENCE
RESMOR SANITARIUM	3526 WHITEHAVEN PKY YES NO X
3. NAME OF DECEASED (Type or print) KATHERINE CARSO	NLOWN DES 4. DATE Month Day Year OF DEATH 3 2 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	May 30. 1866 92 yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI-	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Govt. EMPLOVEE 4. S. Govt.	VIRGINIA U.S.M.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117.	INFORMANT Address Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
None	HOSTITAL RECORDS,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Thrus de Interval Between ONSET AND DEATH
3 3 7 Y DUE TO	2 delica dares official con Chamille
Conditions if any which	Culing acolors.
gave rise to immediate	Jelley.
lying couse last.	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	County) (State)
21. I certify that I attended the deceased from 4/10/	, 1957, to 3/2/ , 1960, that I last saw the deceased
alive on 3/1/ 1944 and that deat	h accurred at 7/07/PM, from the causes and on the date stated above.
(0/12/17/11	ADORESS (Street, city or town, state) / DATE SIGNED
SIGNATURE CO Stilled Try ot show	MD. 3066-Gue, 1,4,66 land h.C.
PHYSICIAN'S E. STUART LYDD.	AME
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAN'S SIGNATURE
Joseph Hawlers Sons Hash.	Will DATE WAR

Mr. 4-40 (a)	HIERO TO NA	SELLER			
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Poge 4 should be puriol, cremation,	M	3599 MEDICAL EXAMINER'S CERTIFICATE OF DEAT 1. PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If a. STATE Maryland b. CO
6)	NSI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL DOA Gaithersburg
ay is necelulized are is necelulared are in prior to	99	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Surburban Hosp. d. STREET ADDRESS 13 Hutton St.
your dell		3. NAME OF First Middle Lost 4. DATE OF OF DEATH M
3 to the full found for with the r	Ħ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7/26/1909 9. AGE [in y lost birth will be represented to the content of t
ofter dea 2, and 3 y be reto ond 2 wi		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life even if religed) Bookkeeper, Capitol Cooling Co. Md.
2 . 6 . 1		13. FATHER'S NAME unknown 14. MOTHER'S MAIDEN NAME unknown
ithin 24 hou Give Pages 13. Page 5 r		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 217-03-1:119 Hosp. Record
hould be executed w pencil in Item 18. olong with farm PM burial-tronsit permit	V	18. CAUSE OF DEATH [Enter only one cause per line for (a), '(b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CONTROL
certificate si pending" in ner's Office se used as a	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO CONTRIBUTING TO DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Found collapsed in burning home
ical ical	15	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) Gaithersb
MEDICAL rtificote, v to the Chi)	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermin
DEBUTY or ce or ce or ce or ce or ce or ce or ce	2	EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER
01 02 04 04 04 04 04 04 04 04 04 04 04 04 04		burial 3/23/60 Parklawn Cemetery Rockvill
VS. A15ME(5))	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246.

MARYIAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03520 Reg. Dist. No.

institution: Residence before admission) DUNTY Montg. write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year ar. 20, 1960 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? USA dress INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
YES MO 1 (County) (State) Montg. Md. , Inquiry, and find that ed cause []. DATE SIGNED 3/21/ 1960 wn, or county) (State)

	Table Tomas Sent Table 1888
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nonest and a contract Committee of the second of the D. B. Martin M. Der Brand Leval B. D Misffey 19 March 19 M 12-10-25 actual vell . E. Mary Fred & Jaint Commission Commission of Commission Commis (abureen Louigenh Louisitie) CONTRACTOR OF THE PROPERTY OF

English Ligarity J. Brondham.

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OF DIS AND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFIC 3601

03522

LAIE OF DEATH	Reg. Dist. No
	-

		-								
1. PLACE OF DEATH a. COUNTY Montgomer	w		MARYL	AND	2. USUAL RESIDENCE (Va. STATE Pennsylval		lived. If institut b. COUNT		ice befare a	dmissian)
b. CITY OR TOWN	(If autside carporate lim	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II		rate limits, write	URAL and	give nearest	tawn)
Bethesda	nearest fawn)		117 days		Lancaster				75 X	-3
d. NAME OF HOSPI	ITAL (If not in haspital, s	jive street	address)		d. STREET ADDRESS		7 15 3			RESIDENCE
			hesda 14, M	d.	210 South	Presid	ent Aver	110		ON A FARM?
3. NAME OF	Fi		Middle		Last	4. DATE	Ма		Day	Year
(Type or print)	Mart	ha	Elle	r	McCardell	OF DEATH	Mar	ch	7	1960
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	DDE	. DATE OF BIRTH		9. AGE (In years			UNDER 24 HRS
Female	White	WIDOW	ED DIVORCED		August 25,	1912	last birthday)	Manths	Days He	ours Min.
On USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE (Sta		untry)	12.CITI	IZEN OF WH	AT COUNTRY
School Te			Education		North C			U	. S.	Α.
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Millard E	ller				Atrie John	nson				
S. WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	IN	FORMANT The Me		ecord Add	lress		
No No	In New Mar or dates or s		ascertainab	- 1	he Clinical				Mar	vland
	ATH [Enter anly ane co	use per li	ine far (a), (b), and (c).]				,		INTERVA	AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	Sh	ock						12	Hours
204	3 DUE TO			W					3	
Conditions, if	any, which) (b	Se	pticemia ?						2	Days
gave rise to i	immediate (-			11.00		70.0			
lying cause last.		Ac	ute Lymphoc	vtic	Leukemia				4	Months
PART II. OT					NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PAR) P	VAS AUTOPSY ERFORMED? S NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury i	n Port I ar Part	II of item 18.)		4.91	
20c. TIME OF INJUI Haur a.m. p. m.		While		20e. PLA fact	CE OF INJURY (Hame, fa ary, street, affice bldg., e	rm, 20f. (City	ar tawn)	(0	Caunty)	(State)
actual signature		19 J	non AD.	death	11, 1959, ta 1 accurred atll:30 The Clin: National	DAM, from ADDRESS (St ical Ce Instit	the causes areet, city ar town nter utes of	nd an the state)	e date st 3-	ated abave DATE SIGNED 7-60
22a. BURIAL, CREMATIC REMOVAL (Specify removal	3/8/60)F	Conesto	ga l	Jem. Park	22d. LOCAT	ION (City, town, Lancas	ar caunty)		(State)
The S. H.	r's signature Hines Co.	Wa	ol Abokesh Standard	9. I	24a. RE	C'D BY REGIST	RAR 24b. REG	ISTRAR'S SIG		

TO HOS "AL OR ATTENDING PHYSICIAN: The taw requires" may be rained by the haspital ar attending physician.

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 horis after death. VS A1S (4) 1SM 9/SB

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TILL S	oges	death
by the attending physician and campletely fill	ers.	al, and in any event, within 72 haurs after death
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by th	t. Th	al, an

24 hours after death. Page 4

	360	2 C	EKHILICA	TE OF DEA					
o. COUNTY Montgome	ry		MARYLAND	2. USUAL RESIDENCE OF STATE DISTRICT	of Colu	ed lived. If institute mbia. COUNT	tion: Residenc	e before ad	Imission)
RURAL and give			OF STAY IN 16	c. CITY OR TOWN	N (If outside corpo	orate limits, write	RURAL and g	ive nearest	town)
Bethesda	(- · · · · · · · · · · · · · · · · · ·		l days	Washingt				41)	(-3
OR INSTITUTION	val Hospital	street address)		647 So.	^{ess} Carolina	Ave., S	E.	0	RESIDENCE IN A FARM? S NO X
3. NAME OF DECEASED (Type or print)	First Micha	el .	Middle Joseph	MC CORMICK	4. DATE OF DEATH		rch	26	Year 19 60
5. SEX	6. COLOR OR RACE 7	MARRIED NEV	ER MARRIED	8. DATE OF BIRTH		9. AGE (In years		_	NDER 24 HRS.
Male	Caucasian w	IDOWED [DIVORCED [11-4-85		last birthday) 74 yrs		Days Ho	ours Min.
Oa. USUAL OCCUPAT during mast af wa Mariner	ION (Give kind of work dar irking life, even if retired)		S. Navy		(State or foreign o		-11	S.A.	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME				=49 8
Thomas M	C CORMICK			Mary DO	NAHUE				
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCE (If yes, give war or dates of servi			NFORMANT HOSPITAL Re	cords	Ad	dress		
	g the under-	PACUL ENCL	nonia -	in Chest	+ Ab do.	Mon			Mon Th
PART II. O	THER SIGNIFICANT CONDIT						IVEN IN PART	PE	AS AUTOPSY ERFORMED?
	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter nature of inju	ory in Part I or Po	rf of ifem 18.)			
20c. TIME OF INJU Hour a. m p. m	, 10	20d. INJURY OCC While Not w ot work at war	hile fo	LACE OF INJURY (Hame octory, street, office bldg		y or town)	(0	ounty)	(State)
saw the dece	at (1) sthischessical) ased alive on Marc	thended the deh 26 1966		Dec. 16	_	March 26 the causes a			
22a. SIGNATURE	ws & 7/1	ensen		M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		3	22b. DATE SIGNED -26-60
NAME (Type)	J. E. HANSE	N, LT, M	USN	U. S.	Naval Ho	spital,	Bethes	da, M	d.
23a. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 23b. DATE THEREOF	23c. NAM	E OF CEMETERY		23d. LOCA	ATION (City, tawn,			(Stote)
24. FUNERAL DIRECTO	ST SIGNATURE A	ne ADDR		250.	REC'D BY REGIS	TRAR 25b. REG	SISTRAR'S SIC	NATURE	

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		eyed Col	(j. 1971) sta	V - V.
	.ev milend es 16		Larlege B. Laval	
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3.0	thattueting D. C.	ngwell .an, D		earling.
	SURPLANCEM.		2.1.1.0	
	abrosef Laline			201
Straw St.	and Burney			
	dotas 198 " gl. cod		A TENLEDONS II TO DE 100 TONS	
60-89-2				
	The state of the s	EST . 30 . 19	Maliai	
	W. M. Devel Hospion			

	3479 CERTIFIC	CATE OF DEATH	Reg. Dist	(13524
	1. PLACE OF DEATH O. COUNTY Montgomery MARYLANE	2. USUAL RESIDENCE (Where deceased o. STATE Mary land	lived. If institution: Residence	-,
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 18 RUBAL and give neorest 16) m) Tako ma a a k 3 / days	b c. CITY OR TOWN (If of side corpore	ate limits, write RURAL and gi	
5	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington Saniarium + Hospi	1 d. STREET ADDRESS 704 Chaney	Drive	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Hazel Valema Middle	mac Cre 2d) 4. DATE OF DEATH	Month 3	Day Yeor 2-/ 1960
	S. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8-5-93	Local Cold Cold Cold Cold Cold Cold Cold Col	YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Recommendation)	Iowa	untry) 12. CITIZ	EN OF WHAT COUNTRY?
1	13. FATHER'S NAME Halver Knutson	14. MOTHER'S MAIDEN NAME		
1		Husband & old 1	Pecords -	W.S. + Hosp
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Weakney, M	ULTIPLE	ONSET AND DEATH
	Conditions, if ony, which) DUE TO Nephrotz	THY a real In	affrey.	. 2
	gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO	Myeloma		12 3 yes
)	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		RRED. (Enter noture of injury in Port I or Port		
	20c. TIME OF INJURY Month, Doy, Year Not while of work 19 of work 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	or town) (Co	ounty) (Stote)
	21. I certify that I attended the deceased fram 795 8 alive an March 21, 1960, and that dec	ath accurred at 824M, fram t	2.1., 19. That I las he causes and an the	date stated above
/	ACTUAL SIGNATURE QUA Wolch	M.D. ADDRESS (Str	cet, city or town state)	DATE SIGNED
	PHYSICIAN'S Chas HWoLOHON	1600 C	woll ave	T.P
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22 MAME OF CEMETERY KANCH 23, 1960 Storge Wash	ington Cemetry (frince	ON (City, town, or county) Leoges Cour	ity. Md.
1	2 FUNERAL DIRECTOR'S SIGNATURE 254 CARRALL SV	NU DE DATMAR 2 3 '60		MATURE

urs ofter death. Page 4 ryetely filled in by the funeral director, Pope 1 and 2 shauld be filed with after death. IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03525

1. PLACE OF DEATH o. COUNTY MO	ntgomery	,,,,	MARY		d. USUAL RESIDENCE (Who a. STATE		d lived. If instit b. COUN	TY	nt gon	
	f outside corporate limi earest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a			RURAL one	d give neares	it town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS					IS RESIDENCE ON A FARM?
0540 B	radley Bo	ule	vard		6540	Brac	iley Bo	oulev	ard	ES NO 🔀
3. NAME OF DECEASED (Type or print)	Alfred	st	Middle P	M	lcIntyre	4. DATE OF DEATH		onth cch	27	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In year			UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCE		1/21/83		, ,	rs. 2	6	lours Min.
	king life, even if retired	ione 10b.	Farming	R INDUSTR		_	auntry)	12.CI	IJS	HAT COUNTRY?
13. FATHER'S NAME	-retired		rarming		14. MOTHER'S MAIDEN N	Lowa			US	
	T. McInt	vre			TA. MOTTER S MAIDEIN IN		ha Smi	th		
15. WAS DECEASED EVE			SOCIAL SECURITY NO	17. INFO	RMANT			ddress		
(Yes, no, or unknown) NO	(If yes, give war or dates of s	5	L7-38-293	l Le	ala McInty	re-wi	ife-sar	ne as	2d	
18. CAUSE OF DEA	ATH [Enter only one ca	use per li	ne for (a), (b), and (c).		1					AL BETWEEN
	TH WAS CAUSED BY:		(Builde	desi	1 - Stewers	lui. 8			ONSET	AND DEATH
1100	IMMEDIATE CAUSE (o)	Culyin	we	y production	Teac			-	general
720	. /		CASILIA.	11 11	true di	, ,			1	
Conditions, if a	mmediate		er una	400	ung ress	case			1.1	10
couse (o), stoting	the under-		91	. /	altinol	-			2	
lying couse last.) (c		Julian	Jea !	anning	usy)	+ T	100	15
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PA		WAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in I	Part I ar Par	t II of item 1B.)			
20c. TIME OF INJUR Havr a. m.	Y Month, Day, Yes	20d. I While of wor	NJURY OCCURRED Not while at work		E OF INJURY (Hame, farm ry, street, office bldg., etc.		or town)		(County)	(State)
	it (I). Whis hospital) often	ded the deceased	from	1955 19	. to	3/27	. 19	60 that	(I) (we) last
saw the deceos	0/-	-6	4 4		ath occurred at 9A	M, from	the causes			toted above.
22a. SIGNATURE	rurice 7	Ter	ishMD.	M.I	ATTENDING MI	ED. RECTOR [STAFF PHYS.		3/	22b. DATE SIGNED 28/60
22c. PHYSICIAM'S NAME (Type)	MAURICA	EL	LENS HI	40	22d. ADDRESS 1732.	- 84	e541	1.00	-14	sh 6 De
23a. BURIAL, CREMATIC REMOVAL (Specify)		F	23c. NAME OF CEM	TERY OR C	CREMATORY	23d. LOCA	TION (City, tow	n, ar county	7)	(Stote)
Cremation		0	Cedar	Hill	Crematory		uitland		rylar	nd
Robert A	20 1	y I	Bethesda,	Mar		R 3 0 '6		GISTRAR'S!	Kuna	

may be remined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely page 3 should be detached far use as the burial-transit permit. Then please remove carban pages. Pages 1 should be detached far use as the burial-transit permit. Then please remove carban pages the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours offer of TO HO VR A1S (4) 1SM 9/59

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		by percende,	maamin .	risda.

urs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

attending physician and Then please remave carban

crematian, ar remaval,

the registrar priar to burial,

3604

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

03526 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montg	PLACE OF DEATH O. COUNTY Montgomery MARYLANE					(Where decease	b. COUN		esidence befo	ore admis	ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town) Betheso		LENGTH OF STAY IN 1		c. CITY OR TOWN		porote limits, writ	e RURAL	ond give ne	arest tow	(n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gi	ive street odd			d. STREET ADDRES	S				ON /	SIDENCE A FARM?
	Suburban	HC	spital		5816	Chevy C	hase Pk	Ty.		1E2 [NO X
3. NAME OF DECEASED (Type or print)	Firs		Middle	Mo	Pherson	4. DATE OF DEAT		Month arch	27	зу	Year 19 60
5. SEX			NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In year	ors IFU	NDER I YEAR	IF UND	ER 24 HRS.
Female	White	WIDOWED			June 28.	1877	lost birthdo		nths Doys	Hours	Min.
10o. USUAL OCCUPAT during most of we	TION (Give kind of work dorking life, even if retired) Homemaker	lone 10b. KIN	ND OF BUSINESS OR IN			itote or foreign			2. CITIZEN O	S.A	COUNTRY?
13. FATHER'S NAME				1.	4. MOTHER'S MAID	EN NAME					
	Ruben Clark				F	. Dorse	У				
15. WAS DECEASED ET	VER IN U. S. ARMED FOR		CIAL SECURITY NO.	INFO	RMANT	r)min_a	A	ddress			
No	(ii yes, give wor or ourse or se	r vice)	None	Son	George	Wenkenb	ach - S	ame	as 2	d	
Conditions, if gove rise to couse (o), stotin lying couse los PART II. O	g the <u>under</u> DUE TO	Throng by Con	Ases - Posterior Morrany Ca NTRIBUTING TO DEATH E	- Oca	d Activior de Coscilio de la Coscili	Oscendin Cossis ERMINAL DISEA	SE CONDITION	Arl.	N PART 1(0)	PERF	ORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH WEDICAL EXAMINER)	<	BE HOW INJURY OCCUP		nter noture of injury				(County)		(Stote)
20c. TIME OF INJU Hour o. m p. m		While of work	Not while	foctory	, street, office bldg.	, etc.)	ny di Town		(County)		(31016)
21. I certify alive an	Stewart Stewart 1001, 226. DATE THEREO	1960 1960 7 0	2, and that dec	M.D.	392/ 392/ 392/ 392/ 392/ 392/ 392/ 392/	P.M. from ADDRESS 11904 15	127, 196 In the causes (Street, city or too In Air S ATION JCity, tow	and a	n the date	e state	d abave TE SIGNED 7:60
BUTTAL 23. FUNERAL DIRECTO	3/31/60 PR'S SIGNATURE		Rock Cree	-	240	REC'D BY REGI	strar 24b. RE		R'S SIGNATU	IRF	

may b coined by the haspital ar attending physician. page 3 shauld be detached for use as the burial-transit VS A1S (4) 15M 9/58

The col 1 M. Colored C TEDE OF Bender Westerness To State 18 40 the other is a property of the second of the Committee of the commit ESTATIST BEING THE TRANSPORT OF TRANSPORT

03527

	0000					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Where deceased		on: Residence	before adm	nission)
2.0 1	gomery	MARYLAND	D.C.		b. COUNTY			V
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, writ	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor	ote limits, write R	URAL and give	e nearest to	wn)
	esda.	14 days	Wash	ington		4	17X.	-3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stro	eet address)	d. STREET ADDRESS					ESIDENCE
Subu	rban Hospital		7059 Wyne	dale St.	N.W.			□ NO □
B. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	th	Day	Year
(Type or print)	Royal	Seeley	McRae	DEATH	3		18	1960
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y	-	-
Female	White WIDO	OWED DIVORCED	11/20/17		12 42 yrs.	Months Do	ys Hour	rs Min.
00. USUAL OCCUPATIO	ON (Give kind of work done 1 king life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ote or foreign co	untry)	12. CITIZE	NOF WHA	COUNTR
Housew			Los Ange	eles. Ca	lif.	U.S	Α.	
3. FATHER'S NAME			14. MOTHER'S MAIDE					
Roy C. Se	elev		Mahala Ca	alvin				
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addı	ess		
No.	(If yes, give war or dates of service)	None Hy	isband (Rober	rt)	Same as	above		
18. CAUSE OF DEA	TH [Enter only one couse pe	r line for (o), (b), and (c).]					INTERVAL	BETWEEN
	TH WAS CAUSED BY: MA	stastatic Adeno-	-Carcinoma				ONSET AN	D DEATH
170	IMMEDIATE CAUSE (o)						- 120	-
Constitution	7	oft Breast Adend	-Carcinoma					
Conditions, if o	mmediate (D)	or o preado waem) Oct of Home				-	
couse (o), stoting								
lying couse last.) (c)							
PART II. OTH	IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	PER	FORMED?
PART II. OTH	CHAIRENIAN CEL TOOL E	SECONDE HOW IN HURY OCCUPAN	TD 45 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 D -1 L D-1	11 -6 'h 10 h		YES	NO [
OR CONTRIBUTING	CAUSE OF DEATH	PESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port	II of Irem IB.)			
	MEDICAL EXAMINER)							
20c. TIME OF INJUR Hour o. m.	Wh	I.	ACE OF INJURY (Home, for ctory, street, office bldg.,	orm, ; 20f. (City etc.)	or town)	(Cou	inty)	(Stot
p. m.		work ot work			T-10-0			45
21. I certify th	at I attended the dece	ased fram March	19 54, to	March	19 60	that I last	saw the	decease
glive on Mar	ch 17	, and that death	accurred at 7:3	15amfram	the causes an	d an the d	late state	ed abay
and 100 mile only only	8000		,	ADDRESS (Str	reet, city or town,	stote)	D.	ATE SIGN
ACTUAL SIGNATURE	Xu DO	My mount	M.D. 8016	GEORG	ETOWN	RD	3/	146
		7						
PHYSICIAN'S NAME (Type)	LEO I	DONOVAN M	co B	ETIAES	DA	14 04,	2	
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	ION (City, town,	or county)	(S	tote)
REMOVAL (Specify)	March 19.1	980		Fort	Gaines	Geo	ned -	
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24a. RI	FC'D BY REGISTI	RAR 24b, REGIS	STRAR'S SIGN	ATORE CL	
bush	Y Kuding	and indother	Make	MAR 21'	60	Tathun 8	Kraug-	

may corretained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

gaurs after death. Page 4

TO HO VS A1S (4) 1SM 9/58

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		9.4	33	CERTIFIC	LAIE OF L	PEATH		Reg	g. Dist. No.	
1. P	LACE OF DEATH	Montgome	ry	MARYLAN	- CTATE	DENCE (Where de Montgom		If institution: Re COUNTY	sidence befare	odmission)
b	RURAL and give n	If autside carporate lime earest tawn)	~ ~	TH OF STAY IN 1	58 B6	TOWN (If outside	carporate limi Chevy	ts, write RURAL Chase	and give near	rest tawn)
1	or institution 621 DeRi	TAL (If not in haspital, assey Par	ive street address)		4621	DeRusse	y Par	kway	e	ON A FARM? YES NO
(1	IAME OF DECEASED Type or print)	Louis	e M.	Middle	cWhorn	الم الم	EATH /	larch	20 20	1960
5. SI	/-	6. COLOR OR RACE	7. MARRIED NI	DIVORCED [9/11/18	370	last	yrs. Mar	nths Days	Haurs Min.
	Housew	ON (Give kind of work king life, even if retired ife	dane 10b. KIND OF	BUSINESS OR IN	Vir	ginia	eign cauntry)	12	U.S.	WHAT COUNTR'
\ C		A. Newton			Mary	Jane A	rnett	C1	nevy (lhase
15) \ (Yas.	NAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	rone 16. SOCIAL SE		Louise G	athgens	-4621	Address B	sey P	da, Md kway.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c			ont 1	Sailer	16	1000		EL AND DEATH
	H91X Canditians, if a	DUE TO	Bis	nola	Luca	mon	10		-	? day
	gave rise to i cause (a), stating lying cause last.	DUETO)							
CATION	PART II. OT	HER SIGNIFICANT CON	ditions <u>contribut</u>	TING TO DEATH	BUT NOT RELATED TO) THE TERMINAL D	ISEASE COND	ITION GIVEN IN		PERFORMED?
CER	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCU	RRED. (Enter nature a	if injury in Part I (ar Part II of it	em 1B.)		
MEDICAL	20c. TIME OF INJUI Havr a. m. p. m.	RY Manth, Day, Ye		while	PLACE OF INJURY (factory, street, affice		. (City ar taw	n)	(Caunty)	(Stat
1 1	21. I certify the alive an MC	at I attended the		/ /	th occurred at		rom the co	uses and ar	the date	
	ACTUAL SIGNATURE	tomos F.	mones	leve	м.в. Зог	10		y ar tawn, state)	100	3-20 C
		nomas r.	cMahon,	M. D.						
_	BURIAL, CREMATIC REMOVAL (Specify LT181	Mar.23,			or CREMATORY			ity, tawn, ar caung ton,	D. C	(State)
23. F	he S. H		o. Washi	ngton,	D. C.	240. REC'D BY R	'60	24b. REGISTRAR	8. Krana	E

TO HO VAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within haurs after death. Page 4 may retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, cremotian, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

Language IV Toleston and action of A, S. C. Salar Sal The state of the s Louis of Johnson - | 621 Pe-ussey Placey. The second of th is all manufacting a port T was all D. G. C. mineral greeness Inches and Carl Carl To be a second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3606MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission) y is necessary, e. COUNTY Washington, District of Columbia a. STATE Montgomery files. of Heal MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Board of Bethesda (Rural) D.O.A. Washington d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS State Boar . IS RESIDENCE 3 to the funeral ON A FARM? retained U.S. Naval Hospital 3601 Livingston St., N.W. YES NO 3. NAME OF Middle 4. DATE Year DECEASED OF PM3. Pages 1, 2, and 3 to the PM3. Page 5 may be re a pages 1 and 2 with the twithin 72 hours after d (Typa or print) John DEATH Herbert MENERATTI 19 60 March 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Hours White Male WIDOWED T DIVORCED buld be executed within 24 hours effer in pencil in Item 18. Give Pages 1, 2, at Office along with form PM3. Page 5 n 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mariner (Retired U.S. Navy Wisconsin U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August MENERATTI Nellie MAES permit. File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Yes WW-I&IT linknown Official Navy Records certificate should be executed 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN Office along a burial fransit p 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary sclerosis, moderate IMMEDIATE CAUSE (a) DUE TO sudden Coronary thrombosis Conditions, if eny, which "pending" gava risa to immadiata causa should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a DUE TO (a), stating the underlying Pulmonary edema cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word YES X NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. ! 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) 2 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL agent, Accident Suicide Undetermined manner realited from: Natural causes Homicide CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3 FULL DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATICAN 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL Arlington National ₽40 p Burial Arlington Va. 0 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Deal Funeal Home ADDRESS withfun VS. A15ME Deal 4812 Georgia Ave. N.W. Washington, D.C. arthur S. Kraus 5M 7/59 DATELAR 9

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove cardon papers. Pages 1 and 2 should be filled with the registror prior ta burial, cremation, ar remavol, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	36	07	CERTIF	ICATE	OF DEATH			Reg. Dist	()	353(
PLACE OF DEATH			MARYLA		ISUAL RESIDENCE (When I STATE aryland	re deceased	b. COUNTY	ince G		/
b. CITY OR TOWN (If a RURAL and give nea Bethesda		ts, write	c. LENGTH OF STAY IN	11Ь с	c. CITY OR TOWN (If au	tside carpo				
d. NAME OF HOSPITAL OR INSTITUTION The Clinica			ddress)	2	d. STREET ADDRESS 201 Guilfor	d Roa	d		10	RESIDENCE I A FARM?
NAME OF DECEASED (Type or print)	Milton	st	Middle Moore		Mister	4. DATE OF DEATH	March	th	28 ^{Day}	Year 19 60
Male	6. COLOR OR RACE White	7. MARRI	NEVER MARRIED DIVORCED		TE OF BIRTH)	9. AGE (In years last birthday) yrs.		YEAR IF UN Days Hau	
Oa. USUAL OCCUPATION during most of workin Engineer	I (Give kind af wark in ig life, even if retired		ind of Business or ngineering		Virgin	ia	ountry)		U.S.A	
William F.					Mother's Maiden N. Ida Moore					
	IN U. S. ARMED FOR yes, give wor or dates of s	ervice]	ocial security no. ascertainab		MANT The Med e Clinical				Mary	rland
PART I. DEATH	H (Enter anly ane ca H WAS CAUSED BY: IMMEDIATE CAUSE (a	use per line							INTERVAL ONSET AN	BETWEEN ND DEATH BEKS
Canditians, if any gave rise to im couse (a), stating the lying cause last.	mediate (,	instem neop	lasm					10 m	onths
PART II. OTHE		DITIONS CO	ONTRIBUTING TO DEAT					EN IN PART	PER	S AUTOPSY FORMED?
		OOL DECC								
	CAUSE OF DEATH	ZOB. DESC	RIBE HOW INJURY OCC	URRED. (En	ter nature af injury in P	art I ar Par	r II af item 18.)			
	CAUSE OF DEATH			De. PLACE C	ter nature af injury in P DF INJURY (Hame, farm, street, affice bldg., etc.)	20f. (City	A APPA	(Co	aunty)	(State
20c. TIME OF INJURY Haur a. m. p. m. 21. I certify tha alive on Marc	Manth, Day, Yes It I attended the Sh 28	decease 196	JURY OCCURRED Not while of work d from Janua , and that d	ry 13	of INJURY (Hame, farm, street, affice bldg., etc.) 1960, to Ma urred at 1:45P The Clinic National I	20f. (City rch 2 W, fram DDRESS (SI al Ge	ar tawn) 8, 1960, the causes an reet, city ar tawn, nter utes of	that I las d on the state)	t saw the date stat	decease
20c. TIME OF INJURY M 20c. TIME OF INJURY M 20c. TIME OF INJURY M 21. I certify the alive on Marc	Manth, Day, Year 19 It I attended the 28 While Health Altr	decease 196 More 20d. IN While at wark decease , 196 Cocchi	JURY OCCURRED Not while of work d from Janua o , and that d M.D. 22c. NAME OF CEMETI	PLACE C factory, TY 13 leath acc M.D.	of INJURY (Hame, farm, street, affice bldg., etc.) 1960, to Maurred at 1:15P The Clinic National I Bethesda 1	rch 2 M, from DDRESS (SI al Cee nstit	ar tawn) 8, 1960, the causes an reet, city ar tawn, nter utes of	that I las d on the state) Health	t saw the date state 3/2	decease ed abave ATE SIGNE 8/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

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		30	03	CEKTIFICA	AIE OF DEATH						
	a. COUNTY	MONTGOMERY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased	d lived. If institution b. COUNTY	on: Residence	before	admissic	on)
	RURAL ond giv	(N (If outside corporate limits, we nearest town) Orbeck	rite c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor		URAL and giv	re neares	t town)	3
	OR INSTITUTIO	PHILOMENA NU	reet address) RSING	HOME	d. STREET ADDRESS	reet,				IS RESID	ARM?
	3. NAME OF DECEASED (Type or print)	First JOHN		Middle	MOLYNEAUX	4. DATE OF DEATH	Mon 3	th	Doy 13	Ye	ear 9 60
-1	S. SEX		MARRIED [] I	DIVORCED	B. DATE OF BIRTH 10/24/1872	2	9. AGE (In years lost birthdoy) 87 yrs.	Months C		UNDER	Min.
	Retired 13. FATHER'S NAME Robert	Wm. Molynea	actor; ux	J.U.S.Go	vt Battle Cr	reek,	Mich oberts		S		OUNTRY?
	yes	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Spanish—Amer DEATH [Enter only one cause]		J	ohn Wm. Holy	yneau	Addi	ess	INTERV	AL BET	WEEN
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO if any, which o immediate	Certe	ocarde	entel Han	s A	un,			Clery	PEATH
	Couse (a), stot lying couse la PART II. PART II. OR CONTRIBUT (IF EITHER, NOT)		Jen ons <u>contrib</u>	UTING TO DEATH B	Artine	INAL DISEAS	Guard E CONDITION GIV	EN IN PART		PERFOR	UTOPSY MED? NO 🐼
		WAS UNDERLYING [] 20b. TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HO	OW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Por	t II of item 1B.)				
	20c. TIME OF IN Hour o. p.	m. V			PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		or tawn)	(Co	ounty)		(Stote
THE REST LEADING		Hat hya	leliented the		death accurred at a	A, fram AED. IRECTOR Turk	/ /			tated	dbave. DATE SIGNED
	23o. BURIAL, CREMA -REMOVAL-(Spe			AME OF CEMETERY	or crematory Nat. Cemeters	4 7	TION (City, town, ington,			(State)
	24. FUNERAL DIRECT		AU	0		D BY REGIST		STRAR'S SIGI	NATURE		

and completely filled in by the funeral director, by popers. Pages 1 and 2 shauld be filed with thous ofter death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave can the State Board of Health priar to burial, cremation, or removal, and in any event, when

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY and 3 to the funeral director, Page may be retained for your files. 2 with the State Board of Health, a. STATE b. COUNTY any delay is necessary, Tontamery MARYLAND b. CITY OR TOWN (if or side corporate limits, write RURAL end give neerest town c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) R-1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO death. 3. NAME OF Middle DATE Month Dey Year DECEASED OF (Type or print) DEATH 1960 moor IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) WIDOWED [DIVORCED PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after d 55 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Avidin 4 latour 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: vereta O Varcula IMMEDIATE CAUSE (a) DUE TO burial removal Conditions, if any, which (b) geva rise to immediate causa "pending" 40 Medical Examiner's DUE TO (a), steting the underlying SE 5 cause last. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While 0 et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 🔀 Inquiry X and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, cltv. town, or county) 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22a. BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or country) REMOVAL (Spagify) Esmaulone Z40 REC'D BY REGISTRAR I FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS. A15ME Cirthun & Krous 5M 7/59

TOR STATE ... ALLES A PERSON 03 3 00M 4N

VS A15 (4) 15M 9/5B

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MAKTLANIJ	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	12
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TTAM U F	17m G250 3/18/60	I n	

CERTIFICATE OF DEATH

03533

	3010			- 01 - 01/11			Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY MONTY	OMERY	MARYLA		USUAL RESIDENCE (W. o. STATE WASHIN		b. COUNTY		before admission)
	f autside carporate limits, wri	e c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		rote limits, write f		e nearest town)
BETHESDA	/	1 MONTH		WASHIN	GTON,	D.C.	4	-7X-3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str	eet address)		d. STREET ADDRESS				e. IS RESIDEN
U.S. NAVA	AL HOSPITAL			3839 I	ivings	ton St.	N.W.	YES N
B. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mor		Day Yeor
(Type or print)	Radfo			MOSES	DEATH		RCH	12 196
5. SEX		ARRIED X NEVER MARRIED		ATE OF BIRTH	3410	AGE (In years last birthday)	Months Do	EAR IF UNDER 24
Male	Caucassivan			6-14-89		//1/70 yrs.		
during most of war	ON (Give kind of work done liking life, even if retired)		INDUSTRY				12. CITIZE	N OF WHAT COU
U.S. NA	AVY	U.S. NAVY		WASHING		.C.		USA
3. FATHER'S NAME			1	4. MOTHER'S MAIDEN				
William F			10.050	Estelle	Maloy			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		RMANT	MOGRA			ngton, I
Yes	WWI & WWII	577 40 9608	Mrs	. Emma May	MUSES	,3039 Li	vingsto	n ST N.W
	ATH [Enter only one couse pe	er line for (o), (b), and (c).]						INTERVAL BETWI
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremia						10 da
177	DUE TO	1. 1	1	0 1	1		717	, , ,
Conditions, if o		Unetera	1 (ststru	cron	-		10 da
gave rise to i cause (a), stating lying couse lost.	OHE TO	adenoca	ive	inoma	of	Prosto	de	5 Plu
PART II. OTH	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	a) 19. WAS AUT-
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. 1 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Port	t II of item 18.)		
20c. TIME OF INJUR Hour a.m. p. m.	wi	d. INJURY OCCURRED 20 nile Not while work ot work	e. PLACE foctory	OF INJURY (Home, far , street, office bldg., el	rm, 20f. (City	or town)	(Cau	inty)
21. I certify th	at I attended the dece	eased from 2 F	eb	, 1960, to	121	Mar, 1960	that I last	saw the dece
alive an	11 Mar 1	^	eath ac	curred at 0824				
		ZIZZZIII, GNO MGI G	cam ac	COTTON GIVE SELECT		reet, city or town,		DATE SI
ACTUAL SIGNATURE	ds. from		M.D.	Kethese	da	Noval 1	fosper	tel 3/1
PHYSICIAN'S NAME (Type)	H. S. IRONS,	LT, MC, USN		U.S. Nav	al Hos	pital, B	ethesda	, Md.
20. BURIAL, CREMATIC REMOVAL (Specify) Burial		22c. NAME OF CEMETE Arlington				ington.		(State)
3. FUNERAL DIRECTOR		Zinche A DOBESE.	1,0.01		C'D BY REGIST		STRAR'S SIGN	
Joseph F.		Street, N.W.	Wash.		MAR 1 5 '		rthun S. 1	Times

HTADE TO TAJATIST DESIGNATION (RIGHT) - LUCAL PROPERTY DICK. HORAM SERON THE DAY DIO. The province of the party of and and are the province in the second of the second and the second of the second of

E. C. DERFO, Mr. D. USE T. S. Hoven dearlest Deblores, III.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3480

CERTIFICATE OF DEATH

	0	3	5	J	-
a. Dist No					

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
L	MENIGOMERX MARYLAND	o. STATE Wash, b. COUNTY D. C.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
L	7AKONIA TARK 1140 10 MO	47x-3
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS H 900 Hills - A JIYU. IS RESIDENCE ON A FARM?
	JAKHAVEN CONVALSCENT HOME	1 4 700 HELOVOR XAVE YES NO.
3.	NAME OF DECEASED (Type or print) ELZABETH HERTZL	ER MURRAY 4. DATE Month Day Year DEATH March 1 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	EMALE WIDOWED DIVORCED	APRIL 1 1861 98 yrs. Months Doys Hours Min.
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	HOUSEWIFE	TEN'N'A U.S.A.
13.	FATHER'S NAME HERTZLER	14. MOTHER'S MAIDEN NAME
	JOHN ITER/ZUER	FANNY ESKELMAN:
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1. no. or unknown) (If yes, give wor or dotes of service)	INFORMANT Address
L		ALBERT + MURRAY (SON)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	c parline
	794 x DUE-10 0 4 1°	20.11
	Conditions, if ony, which) (b) Intestine	a Virus infection
	gove rise to immediate couse (o), stating the under-	0.0
	lying couse lost. (c) Varylake	. Leus
1 S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	sembly	YES NO
L CERTIFICATION	206. ACCIDENT WAS UNDERLYING 7 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 2005. DESCRIBE HOW INJURY OCCURR (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
MEC	p. m. 19 of work of work	
	21. I certify that I attended the deceased from Chig	17, 1958 to march 1, 1960, that I last saw the deceased
	alive an March 1, 1960, and that death	h accurred at/220 PM, from the causes and an the date stated above.
	n.n. n.n.	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Thulp B. Jones	M.D. 918 Ellsworth Drive 3-1-60
	PHYSICIAN'S Philip E. Jones	Silver Spring md
220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, tampfor county) (State)
C	REMATION 3-2-60 CEDAR HILL C	REMATORY SUTTLAND, MD.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	sell fauler sons St. 1756- va, le	. M.Tr. DATMAR 4 '60 arthur S. France
-	No y	

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	and a Maria London and comments			1. Ac. ac. 2007 at 2007
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ale nour	march com			

ours ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

the registrar prior ta buriol, cremotian, or removal, and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3611 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

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1.	A. COUNTY Montgomery			MAR	YLAND	2. USUAL RESIDENCE (Who g. STATE Maryland	ere deceased	lived. If institution to the country Montgo		befare oc	lmissian)
	Bethesda	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	(IN 16	Silver Spri		te limits, write Rt	JRAL and give	e nearest	town)
	OR INSTITUTION	al Center.	1100	address}	/id.	/ d. STREET ADDRESS 1729 Dublin			100	0	RESIDENCE IN A FARM? S NO
3.	NAME OF DECEASED (Type or print)	Fir Ja		Middle		Neff	4. DATE OF DEATH	Mon		Doy 20	Year 1960
5.	SEX			RIED NEVER MARR		DATE OF BIRTH		Marc AGE (In years			INDER 24 HRS
	Male	White	WIDOW	ED DIVORCE	ED 🗌	February 15	1918	lost birthdoy)	Months Do	ys Ho	urs Min.
10	during mast of work	ing life, even if retired		. KIND OF BUSINESS O		PY 11. BIRTHPLACE (State of District				S. A	AT COUNTRY?
13	ACCOUNTANT FATHER'S NAME		120	opar omorro c	70010	14. MOTHER'S MAIDEN N		CONSTRUCTION		0. 2	-
	Harry Neff					Fannie Blum					
		R IN U. S. ARMED FOR (If yes, give war or dates of s		578-10-4139	-	Clinical Cen				rvla	nd
	Conditions, if or gove rise to it couse (o), stoting lying cause lost.	mmediate ()	dely metast	atic	malignant me	lanoma				AND DEATH
CATION	PART II. OTH	ier significant con	DITIONS	CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY ERFORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	OCCURRED.	(Enter noture of injury in P	ort I ar Part	II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	Nat while		CE OF INJURY (Home, form, ory, street, office bldg., etc.		or lown)	(Cau	inty)	(Stote
	actual SIGNATURE	at lattended the ch 20 hours C/	hea	auc and that	t death (no. The Clinic National I Bethesda 1	M, fram the ADDRESS (Street Lands) Central Cen	he causes and ten, city or town, ter tes of F	d an the o	date sta	e deceased ated above DATE SIGNEI /21/60
10	REMOVAL (Specify)	Mar 22,		22c. NAME OF CEM		Park	Falls	ON (City, town, o	ı, Va.		(Stote)
23	. FUNERAL DIRECTOR'	SSIGNATURE		ADDRESS		24- DECT	DV DECISTA	AP 246 PEGIS	TPAP'S SIGN	ATURE	

Herman Goldberg - Goldberg 4217 9th St. N.W.

DATE MAR 2 2 '60

Civilian S. Kraus

may the completely filled in by the function or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, TO HOS VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Montgomery
b. CITY OR TOWN If outside caparate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town Montgomery.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WAShington ANNARIUM HOSPITAL	d. STREET ADDRESS A. STREET ADDRESS ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print) BABY BOY	MEWComb. 4. DATE Month Day Year DEATH 3 13 1960
S. SEX 6. CONOR OR RAPE 7. MARRIED NEVER MARRIED DE Male White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Edward Newcomb	Margaret Gayle Renfro
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dates of service) [16. SOCIAL SECURITY NO. 17. IN	James Edward Newcomb 33 West Notley Rd., S.S.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	P. (Enter noture of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
	5:56 March 129 60, to March 13 1960, that (I) (we) last leath accurred at 8:250 from the causes and on the date stated abave. M.D. PHYS. MED. STAFF PHYS. March 29 22d. ADDRESS 927 Pershing Drive, S.S., Maital
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	nitarium & Hospital, Takoma Park Md.
Robert A. Hare, M.D. Wash. San. & Hosp	
2075233XV2	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3612 CERTIFICATE OF DEATH

Reg. Dist. No. 03538

The Clinical Center, Bethesda 14, Md. 1023 Potomac Avenue The Clinical Center, Bethesda 14, Md. 1023 Potomac Avenue The Clinical Center Thomas The Child Lost ADATE Month Doy Year December Conditions Thomas The Child The)	1. PLACE OF DEATH o. COUNTY Montgomery			MARYLA		USUAL RESIDENCE (WHO O. STATE Virginia	ere decease	d lived. If instituti b. COUNTY	on: Residence	before od	missian)
A. NAME OF HOSPITAL (If not in hospitol, give street address) A. STREET ADDRESS C. IS RESIDER	Н	b. CITY OR TOWN RURAL ond give	(If outside corporate limits, nearest town)	write c. LEN	GTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF o	utside corpo	orate limits, write R	URAL and gi	ve nearest	lown)
OR INSTITUTION The Clinical Center, Bethesda 14, Md. 1023 Potomac Avenue YES No.					M					2	3X	-3
NAME OF DECEASED (Type or print) Thomas Frederick Nissen Name		d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give	street address)								RESIDENCE N A FARM?
Thomas Frederick Nissen Decath March 17 19 19 19 19 19 19 19	0	The Clinic	cal Center, B	ethesda	14, Md.		1023 Potom	ac Ave	enue		YES	□ NO 🖫
Thomas Frederick Nissen SEATH March 17 19 19		3. NAME OF DECEASED	First		Middle		Last	4. DATE	Mor	th	Day	Year
Male White WIOWED DIVORCED December 2h, 1958 1 yrs. Months Doys Hours None 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME None Washington, D.C. U.S.A. 13. FATHER'S NAME Josephine Johnson Josephine Johnson			Thomas		Frederi	Lck	Nissen		March		17	19 60
Male White Widowed Divorced December 24, 1958 1 yrs.		5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years		-	
during most of working life, even if retired) Child 13. FATHER'S NAME Spencer T. Nissen 14. MOTHER'S MAIDEN NAME Spencer T. Nissen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address (Yes, no. or unknown) [If yen, give wor or dofen of service) None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which (b) (transposition, single ventricle) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTO PERFORME] (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTO PERFORME] (FIETHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING [20c. ACCIDENT WAS UNDERLYING [20c. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (The Port II) (The Port II) (The Port II) (The Por		Male	White w	IDOWED [DIVORCED		ecember 24.	1958	-	Months [Doys Hou	urs Min.
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO. INFORMANT The Medical Record Address INFORMANT The Medical Record Ad		Child	rking life, even if refired)	Non	ne		Washing	ton. I	D.C.	T	I.S.A.	
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couse (o), stoting the under: 1			immediate	(cran	spositio	on, s	ingle ventr	rcre))		14 n	iontns
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20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year While of work 19 Not while			- / (0)—									
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Not while of work of	5	PART II. OT	THER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH	H BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	RFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work of work of work alive an March 17, 19,60, and that death accurred at 9:554 M, from the causes and an the date stoted above.	4	<u>S</u>									YES	NO 🗆
21. I certify that I attended the deceased from March 6 , 19 60, to March 17 , 19 60 that I last saw the deceased live an March 17 , 19 60 , and that death accurred at 9:554 M, from the causes and an the date stoted ab			'AS UNDERLYING 201 G CAUSE OF DEATH Y MEDICAL EXAMINER)	o. DESCRIBE HO	OW INJURY OCC	CURRED. (E	inter noture of injury in I	Part I or Por	t II of item 18.)			
21. I certify that I attended the deceased from March 6 , 19 60, to March 17 , 19 60, that I last saw the deceased alive an March 17 , 19 60 , and that death accurred at 9:554 M, from the causes and an the date stoted ab		20c. TIME OF INJU				De. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	, 20f. (City	or town)	(Co	iunty)	(Stote)
alive an March 17 , 19 60 , and that death accurred at 9255A M, from the causes and an the date stated ab		p. m.	19								930	
alive an March 17 , 19 60 , and that death accurred at 9:554 M, from the causes and an the date stated ab		21. I certify t	hat I attended the de							that I last	t saw the	deceased
		alive an_Maj	cch 17	19 60	, and that d	eath ac	curred at 9:55A	M. from	the causes ar	d an the	date sto	ted above.
A Date of Control, only of Town, store,												DATE SIGNED
SIGNATURE Colonel tolse M.D. The Clinical Center 3/17/60		ACTUAL	pland tol	se		M D	The Clini	cal Ce	enter		3/17	1/60
Notional Institutos of Woolth	1									Health	1	
PHYSICIAN'S Name (Type) Roland Folse, M.D. Rethesda li, Maryland		NAME (Type)	loland Folse,	M.D.			*****			1104201		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)				22c. N	IAME OF CEMETE	RY OR C				or county)	(Stote)
Burial March 19.1960 Mount Comfort Fairfax County, Virgini			March 19 1							,,		
							7 24a. REC'					3
23. FUNERAL DIRECTOR'S SIGNATURE (W. Barrly Wountenst Cunningham Funeral Home, I 120. REC'D BY REGISTRAR'S SIGNATURE Cameron & Alfred St.s. Alex Date MAR 21'60 Criting & Kinny		W. Barly n	purtanty C	unningh	am Funer	ral H	OINE, INC.	AR 21	60 0	wither I	thous	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3613 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

03539

L				CERTIFIC	AIL OI DEATI			Reg. Dist.	No.	
1	o. COUNTY Mon	tgomery		MARYLAND	2. USUAL RESIDENCE (W a. STATE Flor:		d lived. If institution b. COUNTY	n: Residence	before ad	mission)
	b. CITY OR TOWN (III	f outside corporate limit	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	orate limits, write RI	JRAL and giv	re nearest f	lown)
	Bethesda	oresi rown,		115 days	Madis	on		4	18X	-3
	OR INSTITUTION	AL (If not in hospital, gi		oddress) nesda 14, Md.	d. STREET ADDRESS				0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Firs Nø		Middle Smith	Norfleet	4. DATE OF DEATH	Marc		Doy 21,	Year 19 60
S	. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	1.33	9. AGE (In years last birthdoy)	IF UNDER 1		1
ı	Male	White	WIDOW	ED DIVORCED	January 24.	1937	23 yrs.	Months D	ays Hou	urs Min.
16	o. USUAL OCCUPATION during most of work	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or fareign c	country)		S · A ·	AT COUNTRY
1;	. FATHER'S NAME			110110	14. MOTHER'S MAIDEN	NAME		1 001	, , , ,	
	Nat Norfle	et			Rachael Si	nith				
	. WAS DECEASED EVE	R IN U. S. ARMED FORG	vice)	SOCIAL SECURITY NO.	The Clinical	dical			Mary:	land
F	18. CAUSE OF DEA	TH Enter only one cou	se per li	ne for (a), (b), and (c).]						L BETWEEN
		TH WAS CAUSED BY:			whose loft for	ontol	lobe			ND DEATH
L	2011	IMMEDIATE CAUSE (o)	U	ereprair nemor	rhage, left fr	Oncar	1006		-113116	CTAVE
	204.	3 DUE TO							1	4 1
	Conditions, if a	mmediate (D)	A	cute Myelogen	ous reukemia				4 mc	onths
	couse (o), stoting lying couse lost.				44					
CATION) (c)		Spergillosis,	UT NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPS' ERFORMED?
CEBTICIO	20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I ar Par	rt II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yea	While		PLACE OF INJURY (Hame, farr factory, street, office bldg., et		y or town)	(Co	ounty)	(Stat
	21. I certify the		deceas	1 0	er 27,19 59, to M th accurred at 6:45	21				
	ACTUAL SIGNATURE	Laurence	a.	Handon	M.D. The Clin	ADDRESS (S	street, city or town,			DATE SIGNI
	PHYSICIAN'S NAME (Type)	Lawrence A	. Ga	ydos, MD.		Insti	tutes of	Healt	n	
2		N, 22b. DATE THEREO		22c. NAME OF CEMETERY			TION (City, town,	or county)		(Stote)
L	REMOVAL (Specify)	- 100 100			Cemeterv			Flori		
-	. FUNERAL DIRECTOR			ADDRESS				STRAR'S SIGN		
	Robert A	A. Pumphre	y	Bethesda, M	aryland M	AR 2 8	60 a	thus I.	Trans	

the attending physician and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filled with Then please remove carban papers. may Lelained by the haspital ar attenuing progressioned by the attending physician and campage 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ours after death. Page 4

requires that the death certificate be executed within

OR ATTENDING PHYSICIAN: The low

VS A15 (4) 1SM 9/SB

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VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3	3614	CERTIFIC	ATE OF DEAT	TH		Reg. Dist. 1	No. ()354(
1. PLACE OF DEATH o. COUNTY	fontgomery		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryl		ed lived. If institution b. COUNTY		
b. CITY OR TOWN RURAL ond give r	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corp	orote limits, write R	URAL ond give	nearest town)
Bethesda		1156	l day	X Fairway H	ills			
OR INSTITUTION		SHEED ST	hesda 14. Md.	d. STREET ADDRESS 6208 Crat	hie Le	ne		e. IS RESIDENCE ON A FARM? YES NO R
3. NAME OF	car center		Middle	11	4. DATE			
DECEASED (Type or print)	Ali		Eileen	Nunlev	OF DEATH	Mon March		7 19 60
5. SEX			IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		EAR IF UNDER 24 HE
Female	White	WIDOWI		July 15, 19	20	lost birthdoy) 39 yrs.	Months Doy	ys Haurs Min.
100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND		ote or foreign	country)	12. CITIZEN	OF WHAT COUNTR
News Repo	rking life, even if retired)	Journalism	Marylar	nd		U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Alfred An	onleton			Eileen Do	nahue			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT The Me		Record Addi	ress	
(Yes, no, or unknown)	(If yes, give war or dates of s		certainable '	The Clinical				Maryland
Conditions, if a gave rise to couse (o), stating lying couse lost	immediate the <u>under-</u> DUE TO	Car	rcinoma of bre	east		SE CONDITION GIV		3 years 19. WAS AUTOPS PERFORMED? YES NO I
OR CONTRIBUTING	'AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury	in Port 1 or Po	ort II af item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, for octory, street, office bldg.,	orm, 20f. (Ciretc.)	ty ar tawn)	(Coun	nty) (Star
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HO	rch 7 Yoward 2 WARD SCHWAF	19 SA	west,	M.D. The Cl. Nationa Bethese	P.M. from ADDRESS (inical al Inst da 11,	the causes an Street, city or town, Center Litutes of Maryland	d an the do	pate stated above DATE SIGN 3/8/60
REMOVAL (Specify	0/7/6	00	ADDRESS &	2	22d. LOC	TION (City town, of the City t	or county) STRAR'S SIGNA	ATURE State
SAM	Alban	To	CANAGO C	FM = DATE	MAD			

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1 haurs after death. Page 4

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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03541

	2012				
1. PLACE OF DEATH a. COUNTY Montgom	ery	MARYLAND	II a STATE	b. COUNTY	an: Residence before admission)
b. CITY OR TOWN RURAL and give	(If autside carporate limits, v	write c. LENGTH OF STAY IN 16		autside carporate limits, write RI	URAL and give nearest tawn)
OR INSTITUTION			d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM?
4ontgomery	County Gen	eral Hospital	inc. Hill	rest Avenue	YES NO 🖁
3. NAME OF DECEASED (Type ar print)	First Kath	leen Mary	Odum	4. DATE Mon	
5. SEX female		MARRIED NEVER MARRIED M	the state of the s	9. AGE (In years last birthday) 13 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min.
	rking life, even if retired)	10b. KIND OF BUSINESS OR INC		ar fareign country)	U.S.A.
3. FATHER'S NAME	T-15-15-16		14. MOTHER'S MAIDEN	NAME .	
Bernard	Paul Odum		Doris N	Mayhew	
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FORCES (If yes, give wor or dates of service	m)	oris Mayhew		Ave., Olney, Md.
	EATH [Enter anly and cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
49 (Canditians, if		Lobar Pro	eumonia_		24 hrs
gave rise ta cause (a), slatin lying cause last	g the under-	•			
PART II. O	ther significant pondit	ions <u>contributing to death</u> b	UT NOT RELATED TO THE TERM	inal disease condition giv	/EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJU	. 10		PLACE OF INJURY (Home, farm factary, street, office bldg., etc		(County) (Slat
111	nat (I) (this hospital) assed alive an March	ittended the deceased from		77. to Michael O. Brom the causes an	d an the date stated above
220. SIGNATURE	Ia. ya	ty his.	M.D. PHYS.	ED. STAFF PHYS.	3/6/60 SIGNE
22c. PHYSICIAN'S NAME (Type)	Richard			y, Maryland	, , , , , , , , , , , , , , , , , , ,
23a. BURIAL, CREMATI BURIAL (Specif	3/8/60	GATE OF HEAV	OR CREMATORY EN CEMETERY	MONTGOMERY C	OUNTY, MARYLAND
WARNER E.			NG, MD.		STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. 10 VR A15 (4) 15M 9/59

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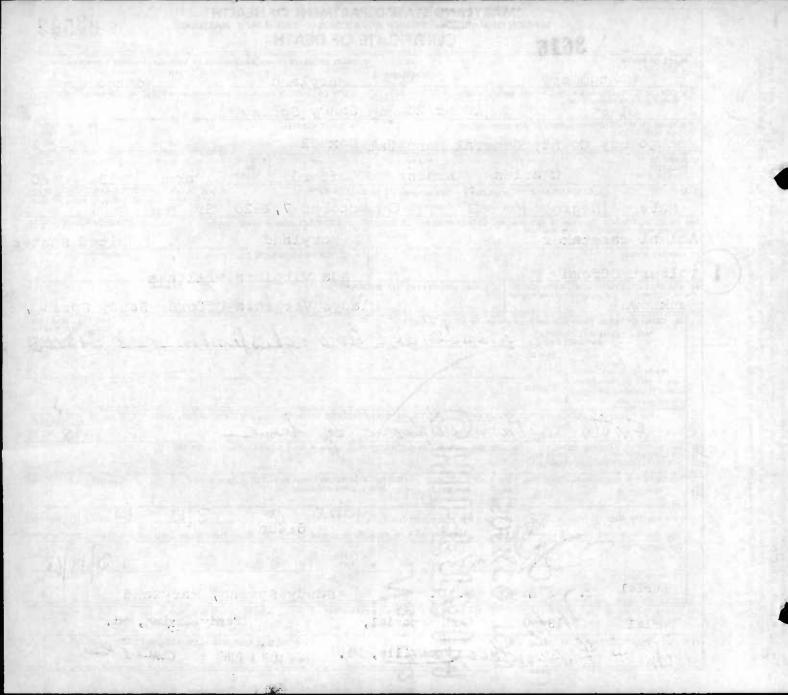
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3616

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_													
	o. COUNTY	tgomerv		MARY		2. USUAL RESIDEN o. STATE Marvl	' -	ere deceased	lived. If institution b. COUNTY				
H	b. CITY OR TOWN (If	autside corporate lim	its, write	c. LENGTH OF STAY	IN 1b			itside carpor	ote limits, write Rl	JRAL and g			
1	RURAL and give ned	rest tawn)		10 hr 20	min	Sandy	Spr	ing	X				
-	d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital, g		address)	200.00	d. STREET ADD		1119	1		•	ON A	FARM?
-	Montgomer			-	ital	Box 62							NO K
3	B. NAME OF DECEASED (Type or print)	Chai		Middle Ernes	t	Offor	d	4. DATE OF DEATH	March		Doy		Yeor 19 60
Ī	S. SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIE	ED B.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER	+	IF UND	ER 24 HRS.
1	Male	Negro	WIDOW	ED DIVORCE		October	7.	1920	39 yrs.	Manths	Days	Hours	Min.
4		N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUST	Nary		_	untry)				OUNTRY?
	Animal car	etaker				14. MOTHER'S MA				- L OU	irte	a_S	tate
						14. MOTHER 5 MA	NIDEN N	AME					
-	rolbert O		and I		T = 0.00	Ada V	irg	inia	William	ns			
	S. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of		SOCIAL SECURITY NO.		ORMANT			Addr	ess			
	unknown				G	ladys V:	irg	inia	Offord	San	dy	Spr	ing,
		H WAS CAUSED BY:	12	ne far (o), (b), and (c).	10)	Bus	1	h	neum	10	INTE	DAY BE	DEATH
	110 15	IMMEDIATE CAUSE (-	700000000		e Diane	-CAU	01-	· www			_ v.	200
1	49 17	DUE TO	,										U
1	Conditions, if or gave rise to in	mediate	,					_					
1	cause (o), stating t												
ı	lying cause last.		:)							(C) (A) (D A D)	7 14 1 14	2 14/46	ALITORCY
	PART II. OTH	ly me	Lu	may be	1030	S Of	Li	We	CONDITION GIV	EN IN PAK	1 1(0) 11	PERFC	NO [
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of in	jury in P	art I ar Part	II of item 18.)				
	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Doy, Ye	ar 20d. I While		20e. PLAC	CE OF INJURY (Han	ne, farm, dg., etc.	20f. (City	ar tawn)	(0	Caunty)		(State)
		/// //his been't			- Sansar	10/25	100	50	3/12	100	3 "	at /1\ ((ma) In I
	saw the deceas		3112	ded the deceosed		oth accurred	40	M, from	the causes on	d on the		stated	
	220. SIGNATURE	1 W	1/2	in		D. ATTENDINO	ME	D. RECTOR	STAFF PHYS.		3	13	SIGNED
	22c. PHYSICIAN'S	С. н. 1	igon	M.D.		22d. ADDRESS	ly s	prin	g, Mary	land		1,0	
-	230. BURIAL, CREMATION	3/16/6		23c. NAME OF CEM		CREMATORY			ndy Spri		H.	(Sta	te)
1	24. FUNERAL BIRECTOR	1.	will	en Rocky:	ille,	3.63	ATE M	BY REGIST	RAR 25b. REGIS	STRAR'S SIG	GNATUR	KE.	



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 43

3617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	a. COUNTY				a. STATE		easad lived, If b. COUN		Residen	ce before	admission)
) -	b. CITY OR TOWN (tgomery if outside corporate limi	its, c. l	MARYLAND LENGTH OF STAY IN 16	c. CITY OR TOWN	rland (If outside corpor	rata limits, write	Mon RURAL or	to.	nearast tov	wn)
	A4	Derwood		3 wks.	V 0						
1	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospital,	giva streat address)	d. STREET ADDRESS						ESIDENCE
7	Puesell	s Nursing H	Iome		/					YES	A FARM?
=	3. NAME OF	First	TOME	Middle	Last	4. DATE	Monti	h	Dey	Yee	X
	(Type or print)	Nettie	Lumar	Onley		OF DEATH	Mar.	30, 1	960	19	
-	5. SEX	6. COLOR OR RACE			B. DATE OF BIRTH	9.	AGE (In yeers			IF UNDER	24 HRS.
	female	ool.	WIDOWED .	DIVORCED [2/16/1895	77	65 yrs.	Months	Deys	Hours	Min.
-	10a. USUAL OCCUPAT	ION (Give kind of work	10b. KIND C	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign coun	itry)	12. CI	IZEN O	F WHAT	COUNTRY
V	housewor		(d)		Md .			U	SA		
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	INAME					
1	George	Hayes			Edmonia	Fields					
-	15. WAS DECEASED EV			AL SECURITY NO. 17.	INFORMANT		Address				
	(105, 110, 01 0110411) (1	1 7 05 9 1 4 0 Wat Of Galas Of 5	or vice)	E	leanor Ambus	h, Coma	s Md.				
	18. CAUSE OF I	EATH [Enter only one	cause par lina fo	r (a), (b), and (c).]		******				ERVAL BET	
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Conge	stive Heart	Desease					2 da	
	450	. O DUE TO									
	Conditions, if eny	(-7	Gene	ralized art	erio soleros	is				year	S
1	gava rise to immad (a), stating the u	DUE TO									
	causa lest.) (c)									
	PART II. OTHE			TING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(e) 1		AUTOPSY DRMED?
7	Z D	iabetis mel							,	YES	NO X
1	PART II. OTHER D 200. EXTERNAL C. PRIMARY — or CO	NTRIBUTING [Db. DESCRIBE HO	OW INJURY OCCURED. (Entar natura of injury In Pa	rt t or Part II of i	tem 18.)				
- 1			1001 01111	V Occioned Lon Di	or or hilling the	1 004 464					
	20c. TIME OF INJU	JRY Month, Day, Ye	While		ACE OF INJURY (Homa, far tory, street, office bldg., etc		or town)	(Cot	inty)		(State)
					eld an Autopsy .	Inspection I	K. Inquir	y [X],	and	in my o	pinion
1		from: Natural ca	-	ccident . Suic			etermined m		7	,	piiiioii
		^			CHIEF MEDICAL	-		_	7		
	ACTUAL	to 10.	12000	21		DICAL EXAMINER	2 🗆		D	ATE SIG	INED
1	SIGNATURE S	Jumay	SVV	a sait	M.D. DEPUTY MEDICA	L EXAMINER X		3/31	/60		
	EXAMINER'S NAME (Type)	Frank J. B	roschart			city, town, or co	-				
7	220. BURIAL, CREMATIC	1	OF 22c.	NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO			1)	(Stet	te)
	REMOVAL (Specify	8/2/60		Mt. Zion.			sville,				
	23. FUNERAL DIRECTO	RA		ADDRESS	24a. RE	C'D BY REGISTRA			10		111
	Kobert	J. our	ROC	kville, Mi.	DATE A	PH 4 60	a	other S.	Thai	W.	

A STOR BU negoti. der of the 38 578 578 5 T The part of Phanesers . Joseph . 120 13 A STATE OF THE STA minnyates often by ten leaders cidifica sicousic southern that for the property of the same I see on the property of the p domesti. From J. Brosenst The state of the s le fur sille at all The state of the s Pri toll twigging

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

351 CERTIFICATE OF DEATH 03544

				TI		NAO 1	11: 1 16: 4	44 .			2
o. COUNTY			MARYLA	II a STA			b. COU	NTY .			
	Montgome	ry				yland			lontg		
b. CITY OR TOWN (RURAL and give n	If autside carporate limits earest tawn)	s, write c.	LENGTH OF STAY IN	1b c. CI1	Y OR TOWN (If autside carp	orate limits, wri	ite RURA	L and give n	nearest tawr	1)
	ington		16 years	3 X	Ker	nsingt	on				
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street add	dress)	d. ST	REET ADDRESS				N. T.	e. IS RES	FARM?
or institution 3615	Calvend I	ano			36	15 Col	vend	lane			NO S
. NAME OF	First		Middle		Last	4. DATE		Month			Year
DECEASED (Type or print)	FRANCES		Middle	ONING	TON	OF		ARC		-	1960
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE C	F BIRTH		9. AGE (In ye		anths Days		
Female	White	WIDOWED	DIVORCED	□ Dec	. 14,	1878		yrs.	21	Haurs	Min.
Oa. USUAL OCCUPATION	ON (Give kind of work d	ane 10b. KIN	ND OF BUSINESS OR	INDUSTRY 11. E	IRTHPLACE (Ste	ate or fareign	country)	1	12. CITIZEN	OF WHAT	OUNTRY
HOLLSON	king life, even if retired)				Iowa				U	S	
				14.440		NI NIAME			U		
3. FATHER'S NAME	an add a m	0		14. MO	THER'S MAIDE		No more				
Joi	hnathan T.	Spr	У		Anna	a M. 1	aggar	C			
S. WAS DECEASED EVE	R IN U. S. ARMED FORC		CIAL SECURITY NO.	17. INFORMAN			1992	Address			11.33
No No	(it yes, give wor or odies or set		None	Franc	es S.	Oving	gton-da	augh	nter-	same	2d
	ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (a).	1 1	far (a), (b), and (c).	cinou	LQ.	of P	aucres	as	0	SET AND	DEATH
Conditions, if a gave rise to a cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Ony, which the under- (b). DUE TO (c)	b A	elecar	H BUT NOT RELA	TED TO THE TE	of P	SE CONDITION	a S S S S S S S S S S S S S S S S S S S	0	SET AND	DEATH
Conditions, if a gave rise to a cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which (b): Immediate the under-	b A	elecar	BUT NOT RELA	TED TO THE TEI	Of P	SE CONDITION	I GIVEN	0	19. WAS	AUTOPSY DRMED?
Conditions, if of gave rise to it cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which the under. HER SIGNIFICANT COND	A d	elecar						0	19. WAS	AUTOPS
Conditions, if of gave rise to it cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which the under. HER SIGNIFICANT COND AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CON 20b. DESCRI	NTRIBUTING TO DEAT	CURRED. (Enter n	ature of injury	in Part I ar Po	art II af îtem 1B		0	19. WAS PERFO	AUTOPS DRMED?
Conditions, if of gave rise to it cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which the under- the under- HER SIGNIFICANT COND AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yea 19	DITIONS CON 20b. DESCRI 17 20d. INJU While at wark	NTRIBUTING TO DEAT	Oe. PLACE OF IN factory, stree	JURY (Hame, f., affice bldg.,	in Part I ar Po farm, 20f. (Ci etc.)	by ar tawn)	.)	(Count	19. WAS PERFC YES thot (I) (AUTOPS: DRMED? NO (State
Conditions, if c gave rise to i cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m., p.m. 21. I certify the saw the decea 22a. SIGNATURE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which the under- the under- HER SIGNIFICANT COND AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yea 19	DITIONS CON 20b. DESCRI While at wark ottended	NTRIBUTING TO DEATI	De. PLACE OF INfactory, streetom.	JURY (Home, f., affice bldg., curred at	in Part I ar Po farm, 20f. (Ci etc.)	ty or town) MacCu	.)	(Count	19. WAS PERFC YES that (I) (ite stated	AUTOPSI DRMED? (State
Conditions, if a gave rise to a cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m. p. m. 21. I certify the saw the decea	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO Cony, which Immediate The under. AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea 19 Dot (I) (Hris hospital) Sed alive on ME	DITIONS CON 20b. DESCRI While at wark ottended	NTRIBUTING TO DEATI	De. PLACE OF INfactory, streetom.	JURY (Hame, finance), affice bldg., curred at	in Part I ar Po iarm, 20f. (Ci etc.) 19.60, .to. 	ty ar town) MacCu the couses STAFF PHYS.	.)	(Count	19. WAS PERFC YES that (I) (ite stated	AUTOPSI DRMED? (State
Conditions, if of gave rise to icouse (o), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which the under- the under- HER SIGNIFICANT COND AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea 19 Of (1) (Hris hospital) sed alive on ME MAS S	DITIONS CON 20b. DESCRI 10 20d. INJU While 10 work Ottended A.C. S SAPF	NTRIBUTING TO DEATI	De. PLACE OF IN factory, streetom. ATT PHY 22d.	JURY (Hame, for a street of injury) JURY (Hame, for a street of the str	in Part I ar Parties in Part I ar Parties in Part I ar Parties in	ty ar town) MacCu the couses STAFF PHYS.	s and c	(Count 1960), on the do	19. WAS PERFC YES that (I) (ite stated	AUTOPSI DRMED? NO (State
Conditions, if of gave rise to icouse (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m., p. m. 21. I certify the saw the decea 22a. SIGNATURE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which the under- the under- HER SIGNIFICANT COND AS UNDERLYING GO CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yea 19 Of (1) (Hris hospital) sed alive on MEDICAL STANDARD ON 23b. DATE THEREO 3/9/60	DITIONS CON 20b. DESCRI 20d. INJU While at wark ottended A. C. S. S.A.P. F.	IN GTON 23C. NAME OF CEMETI 10 CONTRIBUTING TO DEATI 10 COURTED 10 COURTED	De. PLACE OF INfactory, streetom. Telephone deoth occurrence with the street of the st	JURY (Hame, for affice bldg., affice bldg., affice bldg., affice bldg., affice bldg.) LULENG S. ADDRESS D Z S CORY 1250. R	in Part I ar Portion, 20f. (Cietc.) 20f. (Cietc.) 19 60, to. M, fram MED. DIRECTOR [Mancle Mancle The couses STAFF PHYS. ECTIC ATION (City, to shingto	s and c	(Count 1960), on the do	19. WAS PERFC YES that (I) (the statect (Sta	AUTOPS) RMED? NO (State) (State) ABAUTOPS) RMED? (State) (State)

the funeral director, should be filed with in by and TO HO ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the may retained by the haspital an ottending physician.

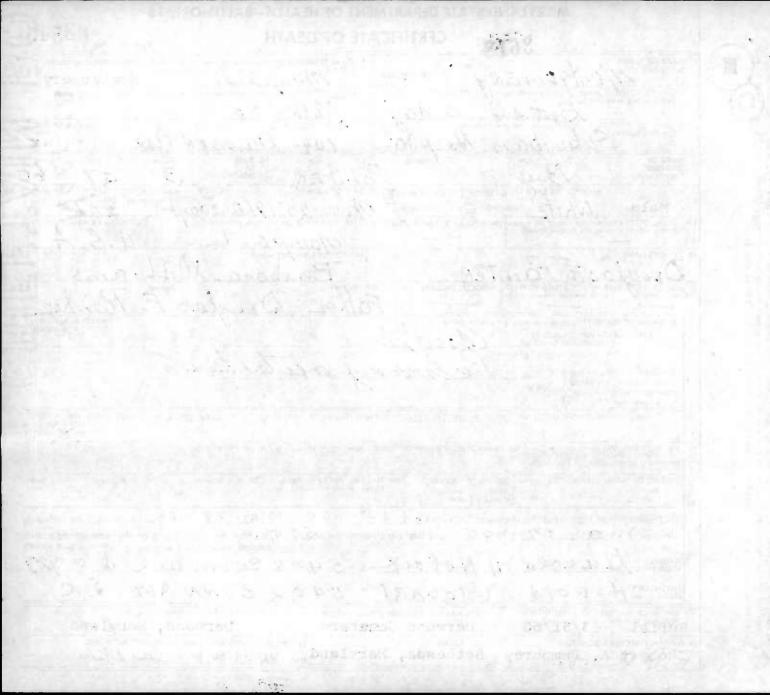
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remayal, and in any event, within Theorems after death.

aurs after death. Page 4

VR A15 (4) 15M 9/59

计算机 的复数医电视器 人名 不到 District 1 Danie -S mann-removed 2. C (nelton-during the control of The state of the second of the THE TAX SUSPENSION TO ME THE PROPERTY OF THE P Rect. Leading of the All Control of the Control of the All Control of the All Control of the Con SOME OF THE PROPERTY OF THE PR

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 35		3618 CERTIFICATE OF DEATH Reg. Dist. No. () 3545
Poge director	1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MONTGOMERY MONTGOMERY
death.		b. CITY OR TOWN (If outside desporate limits, write (c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the d 2 sha		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Hospital 104 Daws ON and FARM? YES NOT
4 harilled in		NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF Death Sirst Month Day Yeor Death 3 27 1960
d with older of the state of th	S.	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lif UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
nd camp	100	b. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mayuland 12. CITIZEN OF WHAT COUNTRY?
ician an e carba rs after	13.	Develos F. Painter Borgara Williams
ng physie remay		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Report of services of servi
the death ne attendinen pleas ant within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)
that the by the lit. The ny even		Conditions, if ony, which) (b) Pulmonary atelestases
requires an. sit peru ind in a		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)
he law physicinas beer ial-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
tending ifficate by the bu	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert r use as ematian	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Not while at wark of work of two or wor work of two or work of two or work of two or work of two or wor
haspit After ed fa ial, cr		21. I certify that I attended the deceased from man 25, 1960, to Man. 27, 1960, that I last saw the deceased
TTENI y the TOR: Jetach		alive on M. O. 1. 27, 1960, and that death accurred at 5.50 pM. fram the causes and an the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED.
OR A DIRECT Id be of prigraft		SIGNATURE Clarold M. Hobart M.D. 5402 com ave al. 0 3/27/60
	L	PHYSICIAN'S HAROLD MI. HOBART 5402 GONN. AVE. D.C.
FUNE age 3	220	Burial, CREMATION, P2b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY Derwood, Maryland Derwood, Maryland
Q E Q Q E	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Pumphrey Bethesda, Maryland DATE MAR 31 '80 Cullun 1. Kraus
15M 9/5B	_	2074233 XV4



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03546

	-	77.		CEKTIFICA	AIE	OF DEATH	1					
	CE OF DEATH	MONTGO	ERY	MARYLAND		USUAL RESIDENCE (* a. STATE MARY	Where deceased	d lived. If institution b. COUNTY		rice before		ion)
	URAL and give ne	outside corporate limi orest town) SPRING	ts, write	c. LENGTH OF STAY IN 16	5	c. CITY OR TOWN (I	outside corpo		URAL and	give ne	arest town)
d. N	NAME OF HOSPIT	AL (If not in hospital, g			1	d. STREET ADDRESS 12,202	GRANDVI	IEW AVENU	JE			FARM?
	ME OF EASED e ar print)	Fir GEOR(Middle U .		Lost PARKER	4. DATE OF DEATH	Man MAR		12		rear 19 60
S. SEX	LE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED		ATE OF BIRTH .1/22/86		9. AGE (In years last birthdoy) yrs.	Months Months	R 1 YEAF Doys	Hours	R 24 HF
10a. US du	SUAL OCCUPATION FIND MOST OF WORK	ing life, even if retired	done 10b.	Construction	USTRY	11. BIRTHPLACE (Sto MARYL		ountry)		S.A	F WHAT C	OUNTR
	THOMAS H	. PARKER			1.	4. MOTHER'S MAIDEN	RIA V.	JONES				
(Yes, no,		R IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)			Maud S.	Parker,					-
g co	163 Conditions, if or gove rise to in ouse (a), stating ring cause last.	the <u>under-</u>)	Conce	2	of Lo	ng			Ja	nun	1959
FICATION				CONTRIBUTING TO DEATH B					VEN IN PA	RT I(o)	PERFO YES	RMED?
O (IF	EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR								
WEDICAL 200	Hour a.m.	Y Month, Day, Ye	While of wor	Not while		OF INJURY (Home, for, street, office bldg.,		or town)		(County)		(Stat
sc	w the deceas	4 4	attend	ded the deceased from	deal	h accurred at	19 <i>57</i> , .ta_ 2.M, fram				stated	abav
	a. SIGNATURE	nichael hi	00	fridge	M.D	ATTENDING PHYS.	DIRECTOR [STAFF PHYS.		7	nech	SIGNI
23a. 8t	NAME (Type) URIAL, CREMATIO	MICHAEL 1		23c. NAME OF CEMETERY	OR CI	106 c		TION (City, town,			hu f	
24. FUI	NERAL DIRECTOR'	STATE AND ADDRESS OF THE PARTY.	INC.	ADDRESS SILVER SPRI		25a. R	PRINGEC'D BY REGIST		STRAR'S S	IGNATU		AND

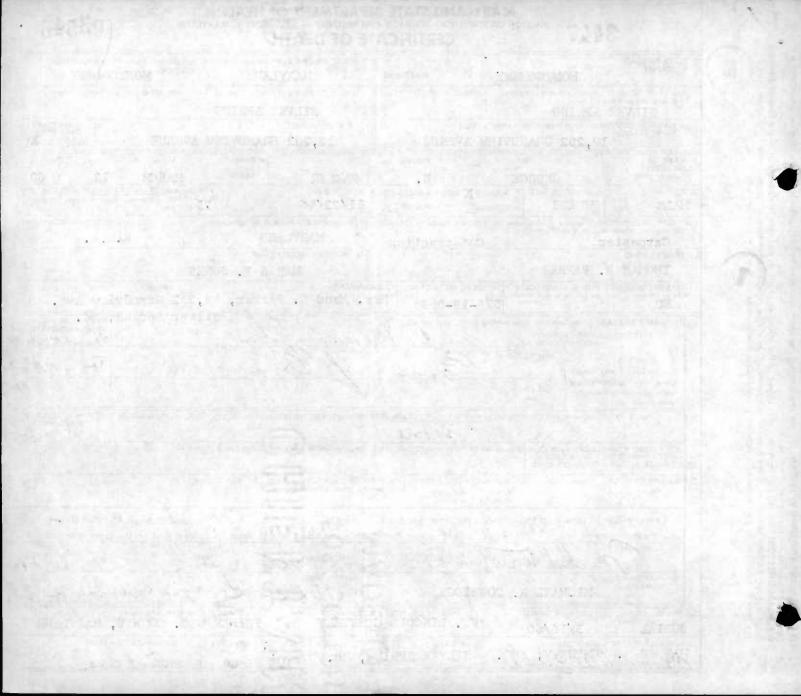
DATMAR 1 5 '60

anthur & Kroug

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please reprove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 2 hours ofter death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

haurs after death. Page

VR A15 (4) 15M 9/59



TO HO

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3432

03547

CERTIFICATE OF DEATH

	keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
Montgomery MARYLAND	Maryland montonics
b. CITY OR TOWN (If outside dorporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)
Takoma tark 9 4	17 Takoma Park
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CONTROL AUC	d. STREET ADDRESS ON A FARM? YES NO E
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) Dorrah Lanin	o tarsons DEATH March 4 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [last birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INC	3
during mast of working life, even if retired)	New Tersey 1154
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Stanley	Ada Davis
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address
No l	E. Jones 1000 Carroll Hue lak
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Peritoutis ONSET AND DEATH
153.0 DUE TO	0 1
Conditions, if ony, which) (b)	remone delling linking
gove rise to immediate (couse (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	TUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
3 freature Let	X Januar YES NO [
20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OF CUR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I ar Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (Stat
Hour o. m. While Not while	foctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram	19 60 to 3 190 that I lost sow the decease
olive on March 3, 19 60, and that dea	oth occurred at 2.331M, from the causes ond on the date stated above
	ADDRESS (Street, city or lown, state) DATE SIGNI
SIGNATURE SUNDOUTRONS	M.D. 504 Northwest Dr
PHYSICIAN'S ROJB Parsons 7	Siper-Spring Md
	OR CREMATORY 22d. LOCATION (City, town, ar county) (State)
DEFINITION 226 DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
S FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
X marin of course X.	19 CG DATE MAR 8 '60 Chillum & Kround

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3619 CERTIFICATE OF DEATH

Reg. Dist. No.

. ())	()	3	5	4	8
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	1. PLACE OF DEATH o. COUNTY				2. L	SUAL RESIDENCE (M	Vhere deceased li		on: Residence be	efore admis	ision)
		ntgomery		MARYLAND	°	Mary	land	b. COUNTY	Mont	gome	ry
	b. CITY OR TOWN (If RURAL ond give new Olney	outside corporate limits, arest town)	write c. LENG	TH OF STAY IN 16	2	CITY OR TOWN (IF	outside corporate	e limits, write RU	JRAL ond give	nearest low	n)
	d. NAME OF HOSPITA	Nursing	e street oddress) Home		1	d. STREET ADDRESS 517	Beall	Avenue		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Ambros	e	Middle E	7	Nitros	4. DATE OF DEATH	Mont	th 2	Doy 25	Year 1960
	S. SEX	6. COLOR OR RACE	MARRIED N	EVER MARRIED	8. DA	TE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YE		
	Male	White	WIDOWED 🔲	DIVORCED 🗍	6	/10/1888		71 yrs.	Manths Day	Hours	Min,
	during most of working Retired-	ing lite, even it retired)	Gara		OUSTRY	11. BIRTHPLACE (Stor		itry)	US	OF WHA	T COUNTRY
1	13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
		iam Parti				Nan	cy Par	ton			
1	IS. WAS DECEASED EVER	IN U. S. ARMED FORCE		ECURITY NO. 17.	INFOR	MANT		Addr	ess		
	WW yes	WW 1	None	N	irs.	Grace F	arton-	wife-s	ame as	2d	
		TH [Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line los (o),	(b). ond (c).]	w	men	· · ·		0	NTERVAL B	DEATH
	526 Conditions, if on	y, which) (b)	7	Jones	iie	ciasis				Y	YS
	gove rise to in couse (o), stoting t lying couse lost.	he under- DUE TO (c)_									
		ER SIGNIFICANT COND	S AV	CX LA SOLIT	LOS I	RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVE	EN IN PART 1(o	19. WAS PERFO YES	DRMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH	06. DESCRIBE HO	W INJURY OCCUR	RED. (En	ter noture of injury in	Port I or Part II	of item 18.)			
	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Year		while	PLACE C foctory,	OF INJURY (Home, for street, office bldg., et	m. 20f. (City or	town)	(Count	ly)	(Stote)
	21. I certify the	at I attended the a	leceased from	10/25		1959 to	325	1960	_,that last	saw the	deceased
	alive on	3/180	1 .		th occ	urred at 11:15			nd on the c	date stat	
1	ACTUAL SIGNATURE	- W.	-wo	A	_M.D.	-	San	du Sa	xux	3	5 25 61
	PHYSICIAN'S NAME (Type)	2.H. 1	11/4	1 M) <i>1</i>			mb.	1 /)	7
3	220. BURIAL, CREMATION		22c. NA	ME OF CEMETERY	OR CRE	MATORY	22d. LOCATIO	N (City, town, o	r county)	(Sto	te)
_	Burial (Specify)	3/29/60	Ar		1 Na	tional	Arli	ngton,	Virgi	inia	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		RESS			D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	TURE	
-	Robert A	. Pumphre	y Beth	lesda, M	lary	land DATEAL	R 3 0 '60	arth	un & Kra	uA.	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tirked in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. hours after death. Page 4 ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

VS A1S (4) 1SM 10/S7

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	3448	CERTIFIC	ATE OF DEA	TH		Reg. Dist. N	lo.
1. PLACE OF DEATH a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE	(Where decease	1 COUNTY		fare odmissian) TGOMERY
b. CITY OR TOWN (IF RURAL and give ne SILVE	autside carporate limits, write arest tawn) R SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpo		URAL and give n	nearest town)
d. NAME OF HOSPITA OR INSTITUTION	723 RICHMOND		d. STREET ADDRESS 723 F		AVENUE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First SARA	Middle JANE	PEDDICORD	4. DATE OF DEATH	Man MAR		Day Year 1960
5. SEX FEMALE	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	73	9. AGE (In years last birthday) 86 yrs.	Manths Days	R IF UNDER 24 HR Haurs Min.
10a. USUAL OCCUPATIO during mast af wark HOMEMAKER 13. FATHER'S NAME	ing life, even if retired)	NEWN HOME	JSTRY 11. 8IRTHPLACE (SI MARYLANT)	auntry)	U.S.A	OF WHAT COUNTRY
GEORGE NI	CHOLSON		ELIZA MI				
	R IN U. S. ARMED FORCES? 16 If yes, give wor or dates of service)	NONE Mr	. Harold Ped	idicord,	, 723 Ric Silver	hmond Av	Md
Canditians, if ar gave rise to in cause (a), stating t lying cause last.	he under-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED?
PART II. OTH PART II. OTH OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I ar Pa	rt II af item 18.)		YES NO
20c. TIME OF INJURY Haur a. m. p. m.		e Nat while fo	LACE OF INJURY (Hame, f actary, street, affice bldg.,	farm, 20f. (City	y ar tawn)	(Caunt	y) (State
actual SIGNATURE	at I attended the deceded 3/1, 19. Vallam 5 VILLIAM D. AUD		, 1850, to h accurred at 6.3. M.D. 90			d an the da	te stated above DATE SIGNE
22a. BURIAL, CREMATION REMOVAL (Specify)	3/4/60	22c. NAME OF CEMETERY COLESVILLE C			TION (City, tawn,		(State) MARYLAND
23. FUNERAL DIRECTOR'S	SIGNATURE PUMPHREY, INC	ADDRESS	24a. R	REC'D BY REGIS		TRAP'S SICHAL	

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	9.0	CREATION OF THE REAL PROPERTY.	life to the life.		12.00

haurs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

by the haspital ar attending physician

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3483

CERTIFICATE OF DEATH

03550

	<u> </u>	0. 00		Reg. Dist. No.
o. COUNTY ON + 90 Mers	MARYLAND	2. USUAL RESIDENCE (Where do STATE Maryland	b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write) c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUR	AL and give nearest town)
IAROMA TARK	The 10 min	Landover H	ills	1637-2
d. NAME OF HOSPITAL (If not in haspital, give street od OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WASh. Ngton DAN. &	Hosp. tal	4404 71st A	ve.	YES NO THE
3. NAME OF DECEASED (Type or print)	Middle -		DATE Month	Day Yeor
MARENCE	NEVER MARRIED []	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
11 / 1/h + 0 WIDOWED	- The same of the	175-821	last birthday)	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. Kil		STRY 11 BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	and Ell	1/:00		0.
13. FATHER'S NAME	ENI LISTATE	14. MOTHER'S MAIDEN NAME		HMERICAU
Henry Clay Pendleton		I-lo-L.	00-0115	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes no or unknown) (If yes, give wor or dates of service) 57	8-05-37954	Patient's CA	haet-Wash	. JAN. + HOSP
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), ond (c).]	Marie Tario		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	onary T	hrom bours.		2 /2 how
420,1 DUE TO				
Conditions, if ony, which) (b) Hrt	erjoseleros	i s		
gove rise to immediate couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II af item 18.)	
	JRY OCCURRED 20e. Pt.	ACE OF INJURY (Home, form, 20	f. (City or town)	(County) (State)
Hour o. m. P. m. While of work		ctory, street, office bldg., etc.)		
21. I certify that I attended the deceased	from	, 19, ta	10	that I last saw the deceased
				an the date stated above
41170 411-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	, and mar deam		ESS (Street, city or town, sto	
ACTUAL SIGNATURE A COR 1 1/10	charda	M.D. 10110 G	corgia 1	que. 3-16-6
PHYSICIAN'S Edward J. Rich	nards	Silver	SpRING	- Md
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or	county) (State)
burial 3/19/60	Ft. Lincol	m fematery Pr	ince George	e, Md.
3. FUNDAL DIRECTOR'S SUBMATURE.	2 190855-14	1-1-12 240. REC'D BY		AR'S SIGNATURE
Jaco. H. / June 6, 9	17316 4	DATE MAR	18'60 and	thuy S. Krank

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely traced in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FU VS A15 (4) 15M 10/57

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PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

10 F VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		35	60	CERT	IFICA	IE OF DEA	IH			Reg. E	Dist. No		0
1. (PLACE OF DEATH D. COUNTY MO	ntgomery		MAR	YLAND	2. USUAL RESIDENCE G. STATE Mar	(Where deceas		nstitutio			ome i	-41
	chevy C	arest tawn)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN 58 Che	(If outside corp		write RL	JRAL and	give ne	orest town	n)
	or institution 127 Gra	fton Stre	et	address)		d. STREET ADDRES		on St	ree	et			SIDENCE FARM?
	NAME OF DECEASED Type or print)	EMILI	-	Middle A		ESSAGNO	4. DATE OF DEATE	н	Mont		23	•	Year 19 60
	ale	White	WIDOWE		0		96	9. AGE (In last birth	years iday) yrs.		2 ^{Days}	Hours Hours	ER 24 HRS. Min.
L	Engineer	ng lite, even it retired)	KIND OF BUSINESS (Builder	OR INDUSTI		ngton,			12. C	US	F WHAT	COUNTRY
		h P. Pes			- (1 ₂	14. MOTHER'S MAIDE	Unkr	nown					
15. (Yes	Yes	IN U. S. ARMED FOR f yes, give wor or dates of s	ervice)	78-34-40		ormant .sie Pess	agno,	Wife,	Addre	ame	as	2d	
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (a		e for (a), (b), and (c)	· deo	ic ar	rest					ERVAL BE	
	Conditions, if an			Con	ona	ry Oc	clus	ion			/	OL	rs.
	gave rise to im cause (a), stating I lying cause lost.		11.00	aht Bu	ndl	e brance	a ba	ch			d	24	iara-
CERTIFICATION		ER SIGNIFICANT CON	Cu Cu	te Par	ATH BUT N	atiles or	ad adr	SE CONDITION	n GIVE	MINPA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING UCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Part I ar Pa	art II of ilem 1	B.) /	7	0		
MEDICAL	20c. TIME OF INJURY Hour a. j p. m.	Month, Day, Ye	20d. IN While at work	IJURY OCCURRED Not while at work	20e. PLAC facto	E OF INJURY (Hame, ry, street, affice bldg.,	form, 20f. (Ci	ty or town)			(County)		(State)
	21. I certify the alive on	at I attended the 3/23	decease , 12 le		death o	occurred at 50.			ses a	nd an	the da	te state	deceased above
	PHYSICIAN'S NAME (Type)	Frank Y	~	ggers, J		Cl	levy (Char	٥	15,		m	l.
2	BURIAL CREMATION REMOVAL (Specify) Cremation	3/24/6	_			Crematory	Su	itland	1, 1	Mary	lan		e)
23.	SUNERAL DIRECTOR'S	SIGNATURE Pumphte	X	ADDRESS Bethesd	a, Ma	aryland W	REC'D BY REGIS	STRAR 24b.		TRAR'S S	GNATU	RE	

1534 8

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF S

CERTIFICATE OF DEATH	()3552

-	o. COUNTY Montgomery			MARYLA		o. STATE Missouri	Vhere decease	b. COUNTY		ce before o	admission)
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	f outside corpo	prote limits, write R	URAL and g	give neares	t town)
1	Bethesda (F			84 days		Oak Grove				62X	-3_
	d. NAME OF HOSPITA	L (If not in hospital, gi	ve street	address)		d. STREET ADDRESS	The latest			e. I	S RESIDENCE ON A FARM?
	U. S. Naval	L Hospital									ES NO X
3	B. NAME OF DECEASED	Firs	t	Middle		Last	4. DATE OF	Mon	th	Day	Yeor
L	(Type or print)	Rich	ard	Leo		PIPER	DEATH	Mar	ch	22	19 60
5	S. SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	☐ B. E	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months		UNDER 24 HRS.
	Male	Caucasian	WIDOWE	D DIVORCED		8-15-14		45 yrs.	Monins	Days H	Min.
I	0a. USUAL OCCUPATION	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (Stat	te or foreign o	country)	12. CITI	ZEN OF W	HAT COUNTRY?
)	Mariner	ng me, even it remed,		U. S. Navy		Missour	i		U	J.S.A.	
1	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Hugh PIPER					Allie SAN	DIFER				
	S. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress	7 77	
		1941to1960		86-01-7092	Hos	pital Reco	rds				
	PART I. DEAT 197, 9 Conditions, if an gove rise to im cause (o), stating tillying cause lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which (b) Imediate he under- CER SIGNIFICANT CONI	Seft Seft	e for (o), (b), ond (c).] Dropes Eural of retropes ONTRIBUTING TO DEATH					er to	Aug & T 1(0) 19.	Smed. Smed. MAS AUTOPSY PERFORMED SS NO X
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While of work	_ Not while _	e. PLACE foctor	OF INJURY (Home, for y, street, office bldg., e	erm, 20f. (Cit	y ar town)	(0	County)	(State)
				ed the deceased fro							(I) (we) last
	22a. SIGNATURE	ed alive an Mar	C11 2	1 19,60, and th	nat dea	th accurred at	2.941, fram	the causes ar	nd an the	date st	22b. DATE
	20. 3.0.0.0.0.0	R. J/3	202	RI	M.E	ATTENDING PHYS.	MED.	STAFF PHYS.		3-	22-60
	22c. PHYSICIAN'S NAME (Type)	57 17 280				22d. ADDRESS			1-9	3	
	(1,760)	R. J. BROC	KS,	LT, MC, USN		U.S. N	aval H	ospital,	Bethe	sda,	Md.
1	3a BURIAL, CREMATION	N, 23b. DATE THEREO	F	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCA	TION (City, tawn,	ar county)		(State)
B	REMOVAL (Specify)	ent 3-23-6	00	Lees Sun	mit		Le	es Summit	5	Mis	souri
	4. FUNERAL DIRECTOR'S	CICALATURE	3 %	ADDRESS		2So. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SIG	SNATURE	
	W.W.Chambers	,	The same of the same of	St.NW, Washi	ingto	100	MAR & 4 T	00 00	illus S.	Tirada	

Lowelle CONTRACTOR OF THE STATE OF THE

	Keg, Dist, No.
1. PLACE OF DEATH o. COUNTY Mon topo mercy MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Mary Care b. COUNTY More For willing
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Jarina 2 gears	St Silven Spring
d. NAME OF HOSPITAL Aff not in hospital? give street oddress) OR INSTITUTION 8817 LT Centralle Roses	88/7 Glenville Road ves No 1
3. NAME OF DECEASED (Type or print) STEPHANIE PIUREK	PLOCHARCZYK 4. DATE Month Day Yeor OF DEATH March 17 1960
S. SEX 6. COLOR OR RACE 7. MARRIED DINEVER MARRIED WIDOWED DIVORCED [True 10 0 1 lost birthday) Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR during most of working life, even if retired)	7 1 (1 6 1
George Picerek	14. MOTHER'S MAJDEN NAME Sophie Janda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) 048093849	17. INFORMANT Plocharczyk 8817 Glaville Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY:	ized carcinomatosis Interval Between
Conditions, if any, which (b) Overnau	a carcinoma 18 month
gove rise to immediate cause (o), stoting the <u>under-lying cause last.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While Not while at work at work	De. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from that d	leath occurred at 8 53 At M, from the causes and an the date stated above
ACTUAL BUILD Trap	ADDRESS (Street, city or town, state) M.D. 918 Chair. Blook. E. 3/17/6
PHYSICIAN'S EINO MAGI	Silver Spring, many land
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE TRANS. & BURIAL 3/19/60 MT. ST. BE	ERY OR CREMATORY 72d. LOCATION (City, town, or county) (State) ENEDICT CEMETERY HARTFORD, CONN.
23. FUNERAL DIRECTOR'S SIGNATURE JINC ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may setained by the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 shauld be filed with TO FUR

24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-DALTIMORE, LE

	TE OF DEATH	ADHITRED CERTIFICA	
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		steems and the street country	man of the 2
	eseth man v		
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		Maria de Caral de	
		C. of Charles Landing Book of Car	
			Des Company 10
	M TORK TORK		
	100 mg	state with the	ATTENDED TO STATE OF THE STATE

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

haurs after death. Page 4

	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	ce before admission)
	MARTIAND	4) (.	
	c. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
	/ahour aik -	Wash	47X-3
	3. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	West Han & Storp	22/1-42 MW	YES NO
	NAME OF First DECEASED Type or print) Total Carlos Widdley Total Carlos Total Carl	Lost Lost Of Month OF DEATH OF B	Day Yeor
S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years F UNDER	YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED		Doys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 196. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITAL	EN OF WHAT COUNTRY
	during most of warking life, even if retired)	J. C. 4	.5'
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Charles Craven	Jarah allman	
		INFORMANT Address	
(Ye:	(If yes, give war ar dates of service)	Varl fan Thorp Records	
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	O I a V I	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebal defunct ,	ONSET AND DEATH
	33 2 X DUE TO 1/1)		3/4/60
	Conditions, if ony, which) is any hear	loses -	1/1/60
	gave rise to immediate		
	Luian annual act		
z	, 10/	T NOT BELATED TO THE TERMINIAL DISEASE CONDITION CIVEN IN BARD	1/-1/10 MAS AUTOPSY
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
1 E	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)	7
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
1	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town)	county) (State
MEDIC	Hour o.m. While Not while	octory, street, office bldg., etc.)	
×	p. m. 19 at work at work	7/1/	
	21. I certify that (1) (this haspital) attended the deceased fram.	2/24/, 1946 to 3/13/, 196	that (1) (we) las
	saw the deceased alive an	death accurred at A.M. fram the causes and an the	date stated above
	22o. SIGNATURE		226. DATE
	Howard Miorse	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	3/3/SIGNED
	22c. PHYSICIAN'S	22d. ADDRESSO	of Har
	NAME (Type) and I MUVS C	2030 Carrollle / Elique /a	ch red
-			7
230	BURIAL CREMATION, 235. DATE THEREOF BEROVAL (Specify) WICK 17, 1900 BURILLY Church THEREOF	or crematory 23d. Location (City, town, or county)	Georgia (Stote)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIC	-
	1 Att 11/10th 25-11 Parcel	10-11 V) 11- MAD 1 0:00	
4	f wine wallers, 23 4 colloc	Of WW DAMMAR 16'60 Orthur &	Grand
V			

13.0	FUTVAR SUITE STATES		YEAR		FRANCI
	OF DESIGNATION OF THE PARTY OF		10.00		
X					
	- 1 - 190 - A - A				
				Table of	
the state of	Mich Carlotte Sales				
******	Management and Table	A THE PERSON	Mary Mary		

hours after death. Page 4

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	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3621	CERTIFICATE OF DEATH	R

					Reg. Dist. No.
o. COUNTY MON	tgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryl		ion: Residence before odmission) Montgomery
	I (If outside corporate limits, write	c. LENGTH OF STAY IN 1b 3 Weeks		f outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOS OR INSTITUTIO Matthews	PITAL (If not in hospital, give stree Nursing Home	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
3. NAME OF DECEASED (Type or print)	First GEORGE	Middle CARVE	PRICE	4. DATE Mo OF DEATH MS	arch 17, Doy Year
s. sex Male	6. COLOR OR RACE 7. MAIN WIDOV		B. DATE OF BIRTH 18 Nov 187	9. AGE (In years lost buthday) O yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
Netired	TION (Give kind of work done 10b orking life, even if retired) Farmer	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta Maryla		12. CITIZEN OF WHAT COUNTR
George W	. Price		14. MOTHER'S MAIDEN	y	
IS. WAS DECEASED E (Yes, no, or unknown)	1 (If yes, give war or dates of service)		· Warren Pri	4616 Saul	
Conditions, if gove rise to cause (o), statin lying couse los	immediate DUE TO	xterio slexot enexalizad	ic Renal'	Disease	2 years 5 years
200. ACCIDENT OR CONTRIBUTION	NG CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a) 19. WAS AUTOP: PERFORMED? YES NOX
20c. TIME OF INJ	n. While	t-	ACE OF INJURY (Hame, fo ctory, street, affice bldg., a		(County) (Sta
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the deced 16 March 19 Widn Mom Gordon M. Smith	th and that death	accurred at 6:45		P, that I last saw the deceas and an the date stated above, store) DATE SIGN MA 17March
22a. BURIAL, CREMAT REMOVAL (Speci DURIAL	710N, 22b. DATE THEREOF 3-19-60	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, Hyattstown,	
23. FUNERAL DIRECTO	or's signature urdette, Hyattst	own, Maryland	24g. RE		SISTRAR'S SIGNATURE

Annual Control of the State of The special section of the section o and the same was the same against balls a seron ene con the man inite, read the contract of SOME STREET, STREET, STREET, A. T. AND THE RESIDENCE THAT AND A PROPERTY OF THE P Sandin Line Barney No. 14 1 1 March THE STREET, SHEET, SALES typodepied definate at II. a. direction, lyaberani, despe

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, with c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)/ prior to director. OR INSTITUTION (If not in hospital, give street oddress) d. NAME OF HOSPITAL d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Qualace Day Month Year DECEASED OF DEATH (Type or print) MAGE 1960 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER TYEAR NEVER MARKIED IF UNDER 24 HRS. last birthday) Days Months Hours Min. WIDOWED [9 . yrs. DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Poges Page WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give Sam PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO with 0 Conditions, if ony, which alang v gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. pending in O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 90 CERTIFICATION PERFORMED? used NO M Exominer's 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) ertificate, writing the will ta the Chief Medical EL DIRECTOR: Page 3 sh factory, street, office bldg., etc.) Hour While Not while O. m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection A Inquiry , and find that death resulted fram: Natural causes A Accident . Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR orwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify 0 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3072-M-SX DATE 140 2 9 160 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	3/15	(a)	CERTIFIC	CAIL	OF DEA	IH					
1. PLACE OF DEATH o. COUNTY	ONTGOMERY	V	MARYLAI		- CTATE	(Where dece	ased lived. If institu b. COUNT			ore admiss OMERY	
RURAL ond give ne	outside corporate limi orest lown) ER SPRING	ts, write	c. LENGTH OF STAY IN	1b /	-/	(If oulside co	rporote limits, write	RURAL ond	give ne	arest lown	1)
d. NAME OF HOSPITA	AL (If not in hospital, g 8001 WOODB		oddress)	1	d. STREET ADDRES	SS					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir	st	Middle D		REID	4. DAT OF DEA	261	RCH	Do	. ,	Year 19 60
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	NEVER MARRIED DIVORCED	- 0	ATE OF BIRTH 2/14/85	1	9. AGE (In years lost birthday) 75 yrs	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
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13. FATHER'S NAME ELMER REID				1.	JENNIE I		ER				
1S. WAS DECEASED EVER (Yes, no, or unknown) YES	R IN U. S. ARMED FOR If yes, give war or dates of s		NONE	Mrs.		. Reid,	8001 Woo			rvla	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Try, which (both mediate)	Cs	ne for (o), (b), and (c).] augocalde ronary, leveralize	ins do	failu	iency	ío	P 0	INT	Lynn y	DEATH
X-Ray & 200- ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON Profunctured S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	Carc	CONTRIBUTING TO BEATH	ung	probably	, met	ASE CONDITION G	VEN IN PA	RT 1(o)	PERFO	RMED?
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of wor	_ Not while	e. PLACE foctory	OF INJURY (Home, , street, office hido	farm, 20f. (i	City or town)		(County)		(Stote
21. I certify that saw the deceas		1) attend 3- 8	led the deceased from		ノー ユー h accurred at/	1944, to					
22c. PHYSICIAN'S NAME (Type)	hoewa N.C.Shoema	hu ker,	M.D.	M.D.	ATTENDING PHYS. 22d. ADDRESS 8005 Woo	MED. DIRECTOR	□ STAFF □ PHYS. □ □	S.1d.		22	b. DATE SIGNEI
23a. BURIAL, CREMATIO BURLAL (Specify)	3/11/60)F	23c. NAME OF CEMETE FT. LINCOLN			PR IN	CE GEO. C	OUNIY	, MI	(Stot	e)
24 FUNERAL DIRECTOR	PUMPHREY,	INC.,	SILVER SPRI	ING,	MI)	REC'D BY REC		istrar's s			

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	Y OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond gi	ive nearest	town)
Bet	thesda	(Rural)		1 day		Washington			4	-7X-	3
d. NA	ME OF HOSPITA INSTITUTION Nava	L Hospital,	ive street Bet	hesda, Md.		d. STREET ADDRESS 18 Jib Gree	n S.W.	774		0	RESIDENCE IN A FARM?
3. NAME DECEA	OF	Fii Michael	st	Middle John		Lost RICHARDS	4. DATE OF DEATH	March	ith	Day 14	Year 19 60
S. SEX	1200	6. COLOR OR RACE		RIED NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years		-	NDER 24 HR
Male	3	White	WIDOW	ED DIVORCED	5 7	7-17-53		lost birthdoy) yrs.	Months I	Doys Ho	urs Min.
Oa. USU.	AL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTR'	11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
None	_	ing me, even il temed	'	None		North Ca	rolina	l.	U.	S.	
3. FATHE	R'S NAME					14. MOTHER'S MAIDEN	NAME				
John	n Elber	t RICHARDS				Jean Wil	la TU	TILE			
IS. WAS		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	DRMANT		Add	ress		
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gov	nditions, if or ve rise to in se (o), stoting t g couse lost. PART II. OTH	he <u>under-</u> DUE TO	Po	ST-OPERTI		TONSI'11 E				1(o) 19. W	AS AUTOPS'
20a. OR C	THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye		CRIBE HOW INJURY OCCU		Enter noture of injury in			(C)	YES	NO K
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21. aliv ACTU SIGN PHYS NAM	I certify the e an 14 DAL ATURE GICIAN'S GIE (Type)	March Sewal O W. TAYLOF 1, 22b. DATE THEREC	12 G V G R CDR	sed fram 14 Marc 50 , and that de Taylor fr 4MC USN	M.C	U.S. Naval REMATORY	Hospi Hospi 22d. LOCAT	the causes an reet, city or town, tal, Beth	nesda, or county)	Md. Md.	e decease ited abav DATE SIGNE
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urs after deoth. Page 4 TO HOST LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 for the footh. Page 4 may be excluded by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please regions cannot pages. Pages 1 and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please re the registror prior to burial, crematian, or removal, and in any event within 77 VS A1S (4) 1SM 9/S8

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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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	PLACE OF DEATH b. COUNTY	MONTGOMERY		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE MARY)		d lived. If institution b. COUNTY		rice befo		ion)
Ŀ	o. CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town) SILVER SPR		c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF ou			URAL ond	give nec	rest town	1)
,	OR INSTITUTION	Seymour Nu	ive street			d. STREET ADDRESS 2800 ELNORA	STRE	ET				FARM?
	NAME OF DECEASED (Type or print)	ALMA	st	Middle E .	RO	BERTS	4. DATE OF DEATH	Mon MA	AR CH	12	′	Yeor 19 60
S. S	FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED DIVORCED		DATE OF BIRTH		9. AGE (In years lost birthdoy) 79 yrs.	Months Months	R 1 YEAR Days	Hours	Min.
	. USUAL OCCUPATION during most of wor Sales Clei	king life, even if retired		KIND OF BUSINESS OR Dept. Store	INDUST	RY 11. BIRTHPLACE (Stote of Wisco		ountry)		U.S.		OUNTRY
1	FATHER'S NAME PETER BLEI	RBAUER				14. MOTHER'S MAIDEN N. BARBARA R		AN				
(Yes		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		ormant s. J. Benjami	n Wil	liams, 28		lnor	a St	
TIFICATION	PART I. DEA Conditions, if c gove rise to i couse (o), stoting lying couse lost. PART II. OTI 200. ACCIDENT W.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO the under	DITIONS	lugs 1	1	Occlusion of RELATED TO THE TERMINATE OF RELATED TO THE TERMINATE OF THE T	o ST NAL DISEAS LE	usis		ON!	PERVAL BESET ADIO	AUTOPSY DRMED?
CERTI	OR CONTRIBUTING	MEDICAL EXAMINER)										

20d. INJURY OCCURRED Year Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that (I) (this haspital) attended the deceased from.

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20c. TIME OF INJURY

HHYSICIAN'S

p. m.

Hour o. m.

J. CURRY

ATTENDING PHYS. 22d. ADDRESS MED. STAFF PHYS. SIGNED O

23o. BURIAL, CREMATION,

23b. DATE THEREOF 3/15/60

Doy,

23c. NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

23d. LOCATION (City, town, or county) MONTGOMERY

(Stote) COUNTY, MARYLAND

24. FUNERAL DIRECTOR'S SIGNATURE

Month.

JOHN

ADDRESS SILVER SPRING, MD. 25a. REC'D BY REGISTRAR DATE MAR 1 5 '60

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remaval, VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3625 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH	lontgomer	7	MARY	YLAND	2. USUAL I	RESIDENCE (V	Vhere decea			tion: Resident			
b. CITY OR TOWN III and give nearest town	outside corporate limits, write)		LENGTH OF STAY		c. CITY	OR TOWN (IF	outside cor	porate limit					
	esda				X		esda						
4	West Vi			45)	d. STREE	T ADDRESS) Wes	t Vi:	rgi	nia	Ave	ON	RESIDENCE A FARM?
3. NAME OF	Fin		Middle		1	Lasi	4. DATE		Month		Day	1	Year
(Type or print)	Catheri		Edith		obert	tson	OF DEATH	1	Mar		8		19 60
5. SEX Female	6. COLOR OR RACE White	WIDOWED			DATE OF BII		007	9. AGE (In lost birthd	layl	Months	R TYEAR Doys	Hours	Min.
10a. USUAL OCCUPATIO		Page		Description 1	Dec.		.883	76	yrs.	112 (1)	TIZCNI O	CAMBAT	COUNTRY
Housewif	g life, even if refired)		O. BOOM 1200 OX			Maryla		ÇOOMIYI		U	-	r WDAI	COUNTRY
13. FATHER'S NAME					14. MOTHER	R'S MAIDEN N	AME	11123		MI			
Cha	rles H Ca	ampbell	10 225		Si	impror	nia B	ond					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SOC	IAL SECURITY NO.	. 17. INF	ORMANT			-	Address			W.	
No	1/	Not	ne	Sar	muel	Rober	rtson	-husl	oan	d-sa	me	as :	2d
18. CAUSE OF DEAT	TH [Enter only one cau	se per line for (a), (b), and (c).]								INTER	RVAL BETW	EEN
PART I. DEAT	H WAS CAUSED BY:		Corona	rv o	celus	sion						udd	
140	DUE TO	- A-A-	00201101	,				15.4					
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gove rise to immed	liate couse												-
(a), stating the cause last.	(c)												
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH	H BUT NO	T RELATED 1	TO THE TERMI	NAL DISEAS	E CONDITIO	ON GIVE	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
ATE		17 - 33										PERFC	NO X
PART II. OTH 200. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	ISE WAS TRIBUTING	b. DESCRIBE HO	W INJURY OCCUP	RRED. (Ent	er nature of	injury In Port	I or Part II	of item 18.)				NO ST
20c. TIME OF INJUR	Y Month, Day, Yea	While	Not while of work	0e. PLACE factory	OF INJURY , street, offi	(Home, farm, ice bldg., etc.)	20f. (City	y or town)		(Ce	ounty)		(Stote)
21. I certify th	at I took charge			d above	e, held a	n Autopsy	/ D. Ir	nspectiar	[V]	Inqui	ry 🛪	and	find that
	fram: Natural					Hamicide	_	ndetermi	inches.			, dila	ina ma
ACTUAL SIGNATURE	must &	Brose:	hant		M.D. CHIEF	MEDICAL EX	AMINER 🗍					DATE S	SIGNED
EXAMINER'S	Frank J.	Dwogol	hamb			TANT MEDICA		hasi			- 10	100	
NAME (Type)						TY MEDICAL E					3/8	/60	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	3/11/6		ate of			53	Silv	tion (city.	ori.		Mar	(State	ill.
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	-	11,471		8Y REGIST			TRAR'S SI			110
Robert	A. Pumphr	ey Be	thesda,	Mar	yaan	DATE	MAR 1 0	'60	C	reller	S. Ka	ALLO	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
Connecticut
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

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1. PLACE OF DEATH o. COUNTY

Montgomery

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b. CITY OR TOWN (If outside corporate limits, write

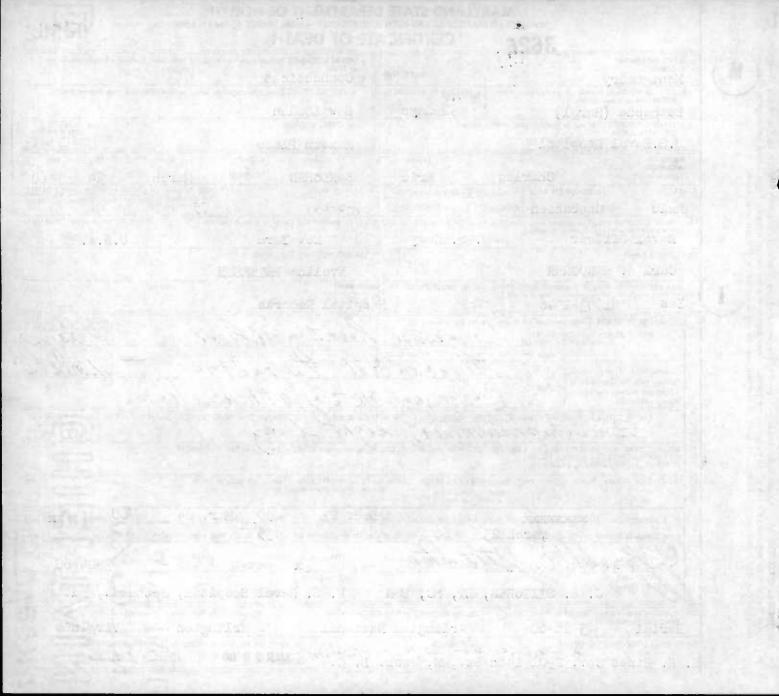
4 haurs ofter death. Page 4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with VR A15 (4) 15M 9/59

	Bethesda (Rural)			92 day	S	Ne	w Londo	n				4	7	XT	0
1	d. NAME OF HOSPITA	AL (If not in hospi	tal, give	street oc	ddress)		d. ST	REET ADDRESS							. IS RESI	DENCE FARM?
	U.S.Naval	Hospita]	L				Ma.	xson Pl	ace							NO D
	NAME OF DECEASED		First		Middle			Lost		ATE	- 1	Month	- 12	Day	. Y	rear roe
	(Type or print)	Ch	narle		Eri		SA	NDGREN		DEATH March				24		19 60
S. :	SEX	6. COLOR OR RA	ACE 7.	MARRIE	DEVER MARRI	ED 🔲	B. DATE O	F BIRTH			 AGE (In yellost birthda 		Months			
	Male	Caucasia	an w	DOWED	DIVORCE	D 🗆	9-6	-84				yrs.	Months	Days	Hours	Min.
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	Naval Off	ing life, even if re	etired)	U	. S. Navy			New Y	ork				I	S.A	100	
13.	FATHER'S NAME					121	14. MO	THER'S MAIDEN	NAME							
	Carl A. S	SANDGREN					E	velina :	PETE	RSO	N					
15	WAS DECEASED EVER		FORCES	2 16.50	OCIAL SECURITY NO) 17 IN	FORMAN		T 111 T 111	2100,		Addre	ss			
(Ye	s, no. or unknown) [903-1946	es of service				anit:	al Reco	nde							
_		7-3-7					Spro	al neco.	Tus					LINITE	D)//// DE	
	18. CAUSE OF DEA	TH [Enter only of		per line	7	1	11	2 the	120	1/	1.00			ONS	RVAL BET	DEATH
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IFIC	20g. ACCIDENT WA	S UNDERLYING	20b	b. DESCI	RIBE HOW INJURY	CCURRE	Enter n	oture of injury i	in Parl I	or Port	II of item 1B.)				
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DE	ATH VER)													
MEDICAL	20c. TIME OF INJURY	Month, Doy,	Year	20d. IN.	JURY OCCURRED			JURY (Hame, fo		f. (City	ar town)		(County)		(Stote)
AEDI	Hour a.m.			While of work	Not while of work	foc	tory, stree	t, office bldg., i	erc.)							
<		(1) 30353535353				· C	ec.	23 ,	1059	. M	ar. 24		106	0	. /// 1	(26) last
	21. I certify that	(1) ATTURE MOSE	autori) a	ittende	ed the deceased	from.±			1922 a	mo-	ar. 24					
	saw the deceas	ed alive on.	arci	1_63	19.60 , and	that d	eath oc	curred at U	437	from	the causes	and	on the	date		DATE
	22d. SONATURE	20/1/	0	19	Xta him		ATT	ENDING _	MED.		STAFF			2 0		SIGNED
н	22c. HYSICIAN'S	gen c	1/	MI	X CHOICE	1	W.D. PHY	S. X	DIRECTO	OR L	PHYS.	-		3-6	24-60)
	NAME (Type)	T TO CO	DIMOI	מקוו	T. M.C.	TICIBI			***0]	TLOG	nital	Do	+hoa	30	Ma	
				near,	LT, MC,	NCO	U	. S. Na	.val	TOS	proar,	De	, cues	ua,	Ma.	
23c	BURIAL, CREMATION				23c. NAME OF CEN						TION (City, tov	vn, or	county)		(State	
	REMOVAL (Specify) Burial	3-28-6	00		Arlingt	on Na	ation	al		Arl	ington		97.1		inia	ì
24.	FUNERAL DIRECTOR'S	SIGNATURE .	N.	Tan :	ADDRESS 9	01-1	44 8		EC'D BY				RAR'S SI			
S.	H. Hines	Co., 290	01 1	4th	St., NW, W			DATE	IAR 2	8 '60		Irth	wa S.	Thank	1	2.155



VS A1S (4) 1SM 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3627 CERTIFICATE OF DEATH

Reg. Dist. No. 4754

1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLA		o. STATE South	Vhere deceased Carolir	lived. If institution b. COUNTY		e before adm	nission)
RURAL ond give ne	f outside corporate limits, orest town)			1b	c. CITY OR TOWN (If	f outside corpore	ote limits, write R	URAL ond g	ive nearest to	own)
						ers kes	t		11X-	3
OR INSTITUTION						111			e. IS R	A FARM?
The Clinic	al Center, I	Bethesda	a 14, Md.		Route	#4			YES	□ NO 🔀
3. NAME OF DECEASED (Type or print)	First Monte	27	Middle Jerrel	1	Sanford	4. DATE OF DEATH			Day	Year 19 60
S. SEX					DATE OF BIRTH		P. AGE (In years	IF UNDER		
Female						1	13 yrs.	Months	Days Hour	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. KIND C	F BUSINESS OR	NDUST	Y 11. BIRTHPLACE (Stor	te or foreign con	untry)	12. CITI2	ZEN OF WHA	COUNTRY?
Student	ang me, even in remody	None	9		Georgia	1		U	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
James C. S	anford				Pauline C	Coody				
S. WAS DECEASED EVER	R IN U. S. ARMED FORCE		SECURITY NO.	INF			Record Add	ress		
	If yes, give war or dates of servi	0.0							Mamrila	nd
gove rise to in couse (o), stoting t lying couse lost.	the <u>under-</u> DUE TO	<u>Ventric</u>	ular Sep	tal	Defect and	Pulmoni			Birt 1(o) 19. WA	ch
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	b. DESCRIBE H	OW INJURY OCC	URRED.	Enter noture of injury in	n Port I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year 19	While _ N	ot while				or town)	(C	aunty)	(State)
actual signature PHYSICIAN'S NAME (Type)	Sent Carne	, 60 ey, M.D	, and that d	eath c	The Clini National Bethesda	PM, fram t ADDRESS (Str ical Cer Institu 11, Man	he causes an et, city or town, iter ites of l ryland	d an the stote) Health	date state	ed abave. ATE SIGNED
	b. CITY OR TOWN (II RURAL ond give ne Bethesda d. NAME OF HOSPIT. OR INSTITUTION The Clinic 3. NAME OF DECEASED (Type or print) S. SEX Female 10a. USUAL OCCUPATIC during most of work Student 13. FATHER'S NAME James C. S 15. WAS DECEASEDEVELYES, no, or unknown) NO 18. CAUSE OF DEA PART I. DEA Yes, no, or unknown) NO 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive an Mar ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest fown) Bethesda d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION) The Clinical Center 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Female White White	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address, OR INSTITUTION The Clinical Center, Bethesda 3. NAME OF First Montez S. SEX 6. COLOR OR RACE Female White WIDOWED 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Student 13. FATHER'S NAME James C. Sanford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INO 18. CAUSE OF DEATH [Enter only one couse per line for (CONTENT OF CONTENT	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda d. NAME OF HOSPITAL (If not in hospitol, give street address) CR INSTITUTION The Clinical Center, Bethesda 11, Md. 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE First Middle Montez Jerrel 6. COLOR OR RACE First Middle Jerrel 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 13. FATHER'S NAME James C. Sanford 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH MOY OR CONTRIBUTING CAUSE OF DEATH (FILE THER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING TO RESTRIBUTING TO DEATH HOUR O. m. p. m. 19 ON DESCRIBE HOW INJURY OCCURRED While Not while of work of one of work of the couse of the cous	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b lays and limits and limits, write C. LENGTH OF STAY IN 1b lays and limits and limits, write C. LENGTH OF STAY IN 1b lays and limits, write C. 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DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate couse (c), stoling the under lying couse lost. Color Contributing Cause of DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (c) stoling the under lying couse lost. Color Contributing Cause of DEATH OR CONTRIBUTING CAUSE OF DEATH Defect Associate How Injury Occurred March 20, 19.60, to 10.30 Montes Montes March 20, 19.60, to 10.30 Mon	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recorest town) Bethesda d. NAME OF HOSPITAL (If not in hospitol, give street oddress) The INSTITUTION Bethesda d. NAME OF HOSPITAL (If not in hospitol, give street oddress) The RUBILION The Clinical Center, Bethesda li, Md. Travelers Res d. STREET ADDRESS Route #1. Sanford Travelers Res d. STREET ADDRESS Route #1. Sanford Travelers Res d. STREET ADDRESS Route #1. Sanford Sanford Female Montez Jerrell Sanford Female Middle Montez Jerrell Sanford Sanford Sanford Sanford Sanford Female Middle Middle Montez Jerrell Sanford S	b. CILY OR TOWN If outside corporate limits, write RURAL on give reporate long iver sorrest long in resporate long iver sorrest long in resporate long iver sorrest long in resporate long in responsibility. Which is a street address of the control of the c	b. CITY OR TOWN (if outside corporate limits, write RURAL ond of RURAL ond of give nearest form) Bethesda 11 days 12 d. NAME OF DESTRAL (if not in hospital, give street oddress) The Clinical Center, Bethesda llt, Md. NAME OF DESTRAL (if not in hospital, give street oddress) The Clinical Center, Bethesda llt, Md. NAME OF DESTRAL (if not in hospital, give street oddress) The Clinical Center, Bethesda llt, Md. None 12 December 6, 1916 13 NAME OF DESTRAL (if not in hospital, give street oddress) None 15 SEX A. COLOR OR RACE 7. MARRIED NEVER NEVER MARRIED NEVER	b. CITY OR TOWN (if outside corporole limits, write and one provide composed limits, write and and provide composed limits, write and provide composed limits, write and and provide composed limits, write and one provide composed limits, write and and provide composed limits, write and and provide composed limits, write and provide composed limits, write and provide composed limits, write and and provide composed limits, write and and provide c

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CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY			MARYL		o. STATE		ed lived. If instituti b. COUNTY	2.			
b. CITY OR TOWN	ontgomery (If outside corporate limit	its. write	c. LENGTH OF STAY II			ry Land	orote limits, write F			ome I	J
KUKAL ond give r	neorest town)	,	C. CENOTI OF STATE		-0			O KAE GIIG	give ne		,
	Chase TAL (If not in hospitol, g	nive street	Oddraw)		d. STREET ADDRE	evy Cha	ase	-		e. IS RES	IDENCE
OR INSTITUTION							amand Ass	07110		ON A	FARM?
	Drummond .	Aven	ue		470	JO DI'ul	nmond Av	enue		TES [NO 🖸
3. NAME OF DECEASED (Type or print)	HAROL		Middle DEAN		SCANTLII	4. DATE OF DEATI	мог н March		22		Year 19 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. E	ATE OF BIRTH		9. AGE (In years			IF UNDE	R 24 HRS
Male	White	WIDOW			8/1/188	l	lost birthdoy)	Mynths	21	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CI	TIZEN O	FWHATC	OUNTRY
	rking life, even if retired Tax Board)	Taxes		India	ana		US	3		
13. FATHER'S NAME	Iax Doald		Ianco	1	4. MOTHER'S MAIL						
	0	L7				Jenny 1	Dean				
	omas Scan			1.2 0150		Jeility 1		Iress			
(Yes, no. or unknown)	(If yes, give wor or dates of s		SOCIAL SECURITY NO.	17, INFO		3				14	
No			None	Mr	s. Hoove	er-daug	ghter-sa	ime a a	as Z	.d	
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-))									
CATIC	HER SIGNIFICANT CON	IDITIONS .	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(0)	PERFO YES [RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED. (Enter noture of inju	ry in Port I ar Po	art II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	20d. I While of wo	Not while		OF INJURY (Home y, street, office bldg		ty or town)		(County)		(Stote
	at (I) (this hospita	t) attendarch	ded the deceosed f		th occurred of	. 1959. to	March on the causes or	19 on th	60 H	nat (I) (. e stoted	we) los labove
22o. SIGNHAURE	topher &	Yul	burt	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			3/.22	SIGNE
22c. PHYSICIAN'S NAME (Type)	R. Ste	phe	n Hulburt		22d. ADDRESS	o dent	Place, 1	m.	War	chry	太儿
23a. BURIAL, CREMATI BUTTAL			23c. NAME OF CEME				ATION (City, town, illersv:	_		d.	e)
24, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		2So.	REC'D BY REGI	STRAR 2Sb. REG	ISTRAR'S S	IGNATU	IRE	1710
Robert A	. Pumphre	v]	Bethesda,	Mary	land DAT	E MAR 28	60 a	rthun 1	the stand	u.A	

hours after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely rivied in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with VR A1S (4) 1SM 9/59

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3485 CERTIFICATE OF DEATH

03564

1. PLACE OF DEATH	1 Gomeni	To	MARYLAND	2. USUAL RESIDENCE (a. STATE		b. COUNTY	dence before admission)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits	, write	c. LENGTH OF STAY IN 1b			e limits, write RURAL and	nd give nearest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, giv Washington	street o	ddress) nitarium	d. STREET ADDRESS	Noyes	Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Henry		Middle Sc h	irmer lost	4. DATE OF DEATH	March	25 19 60
s. sex Male	Moita	7. MARRII	DIVORCED DIVORCED	8. DATE OF BIRTH 5-7-8		AGE (In years IF UND last birthday) Manth	DER I YEAR IF UNDER 24 HRS Days Haurs Min.
Real Esta	ON (Give kind of work do rking life, even if retired) are Dealey	one 10b. K	SIND OF BUSINESS OR INDU	Maril	land	(12.0	CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME	ry Sehir	Mei		Catheri,	A 4	agengas.	+
1S. WAS DECEASED EV (Yes, no. or unknown)	ER ^f IN U. S. ARMED FORC (If yes, give war or dates of ser			Chart		Address	
	the under-	se per line	e far (a), (b), and (c).] Dulumba	nia ian	Cersme	r, left.	INTERVAL BETWEEN ONSET AND DEATH 5 days
1- 12	THER SIGNIFICANT COND			isoclaratie	heard	distast	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Part II	of item 1B.)	
20c. TIME OF INJU Hour a.m. p. m.	10	While of wark	Nat while fa	ACE OF INJURY (Home, f ictory, street, office bldg.,		town)	(County) (State
saw the deced	ased alive an 25		/		M, fram th	e causes and an	the date stated abave 22b. DATE SIGNED STREACH
23a. BURIAL, GREMATH	ON, 23b. DATE THEREOI	1 17 6/	23c. NAME OF CEMETERY C	DR CREMATORY	23d. LOCATIO	N (City, town, or count	(State)
burial	3/29/60		Glenwood	Cemetery	Wash	ington, I).C.
24. FUNERAL DIRECTO	Hens 60	2	90; - 1955	47.20 DATE	FMARY ZEGSTER	R 25b. REGISTRAR'S	

AUSGIN STARO ROLLIA CHITRED 1246 All the table of the contract of the contract

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retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely med in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3486

CERTIFICATE OF DEATH

03565

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		- Callin		A111	Reg. Dis	it. No.
1. PLACE OF DEATH o. COUNTY	taomer	MARY	O STATE /	CE (Where deceased live	b. COUNTY	te before admission)
b. CITY OR TOWN (If out RURAL and give neores	side corporate limits, w	gife c. LENGTH OF STAY I	3-30 565 11	VN (If outside corporate	limits, write RURAL and g	
d. NAME OF HOSPITAL (I	f not in hospital, give in face	street oddress)	al 1200	Caddin	aton	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	First	Middle S	CHNEIDER	4. DATE OF DEATH	Manth	Day Yeor 30 19 60
F	W wii	MARRIED NEVER MARRIE DOWED DIVORCED	0 7-4-	27	ost birthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (during most of working) Store - H	Give kind of work done life, even if retired)	Hardware	busines Polo	(State or foreign country	7) 12. CITI	ZEN OF WHAT COUNTS
13. FATHER'S NAME	m Kes	ler	14. MOTHER'S MA	Seiger	/	
1S. WAS DECEASED EVER IN (Yes. no. or unknown) (If yes	U. S. ARMED FORCES's, give war or dates of service		17. INFORMANT Char	+ recere	Address	
PART I. DEATH V	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO which) (b)	PER line for (0), (b), and (c).] RMPTURED DI ARTERIOSCI	ABDOMIN SSECTING LEROSIS	AL ANEU	MSM Acm	INTERVAL BETWEEN ONSET AND DEATH
	IGNIFICANT CONDITION	SENILITY ONS CONTRIBUTING TO DEA	arm arm	6**	7 -	I PERFORMED?
20g. ACCIDENT WAS UN OR CONTRIBUTING C		DESCRIBE HOW INJURY OF		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fitem 1B.) SIC	
20c. TIME OF INJURY A Hour o. p. p. m.	, v	20d. INJURY OCCURRED While Not while of work	20e. PLACE OF INJURY (Hom foctory, street, office blo	e, farm, 20f. (City or finding, etc.)	own) (C	ounty) (State
ACTUAL SIGNATURE	attended the decline of the second of the se	ceased from Aug 1960, and that	death occurred at 9	- 15 AM, from th	city or town, stote)	ast saw the deceas the date stated above DATE SIGN
PHYSICIAN'S NAME (Type) S A K	2/- 101	1.1 / 1/	SILL TERY OR GREMATORY		(City, town, or county)	(Stofe)
DURIAL	2131/1760	$)$ $ \Lambda(\alpha \tau') $	P. HEBRELO	Die Die	1.100 1	

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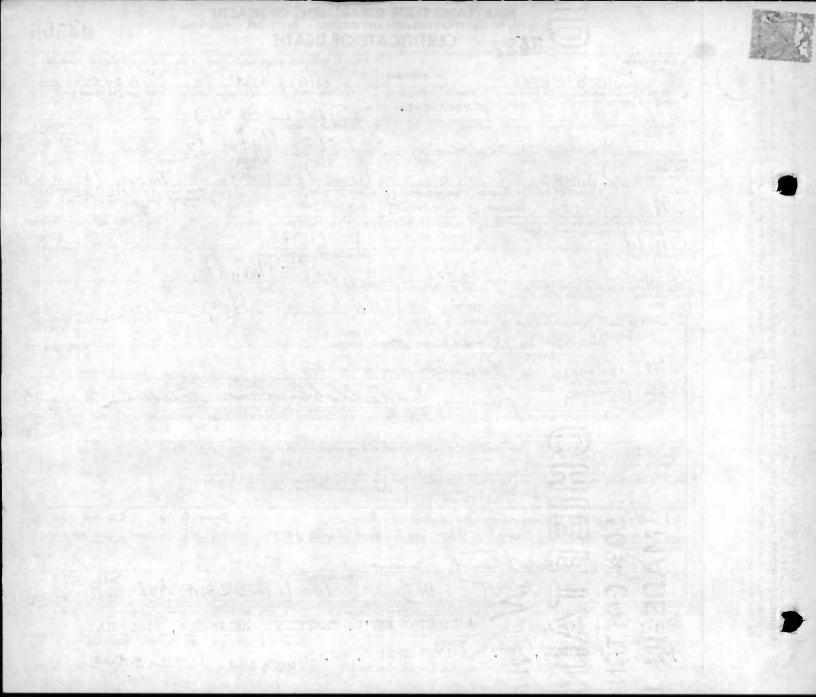
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03566

	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: R b. COUNTY Maryland Any and COUNTY Maryland	Pesidence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Takema Park c. LENGTH OF STAY IN 1b since Sept. 565 / Ver Spring	
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. Wash. San + Lasp. 1912 Carmody	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) James Elton Schroeder 4. DATE OF DEATH Manth	rch /6 1960
	AND THE PARTY OF T	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane of the line of the l	12. CITIZEN OF WHAT COUNTRY?
1	Delbert L. Schroeder Lydia Chandler	
1	AS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (14 yes, give wor or doles of service) none Wash San 4 4059 Rec	ords
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under-	INTERVAL BETWEEN ONSET AND DEATH 2 days
)	Cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. White Not white of work of work of wark	· (Caunty) (State)
1	21. I certify that (I) (this haspital) attended the deceased fram. 1958, to Munch 16, saw the deceased alive an	
,	NAME (Type) H. W. STOUT MD 10011 GEORGIA AV	E SPRING MI
	BURIAL (Specify) 3/21/60 ARLINGTON NAT'L. CEMETERY ARLINGTON, VI	RGINIA
	24. EUNERAL DIRECTOR'S SIGNATURE WARREN E. PUND HREY, INC. SILVER SPRING, MD. DATE 18 160 Culture	R'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. 24 hours after death. Page 2 M PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with VR A15 (4) 15M 9/59



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TO I PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the hours after death. Page 4	mer as retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, none 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.
VR	A15 (4)	
15	M 9/59	

4 haurs after death. Page 4

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1. PLACE OF DEATH a. COUNTY Montgomery	7		MARY	LAND	2. USUAL RESIDENCE (W o. STATE Virginia	here decease	d lived. If institut b. COUNTY ATELY		ce before ad	mission)
Bethesda	(Rural)		5 days	IN 16	c. CITY OR TOWN (IF Arlington	outside corpo	prote limits, write f	RURAL ond g	3×-	3
OR INSTITUTION	AL (If not in hospitol, gi	ve street o	ddress)		d. STREET ADDRESS 3279 S. St	afford	i St.		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Firs Lou		Middle		SCHROELL.	4. DATE OF DEATH	Marc		Day 29	Yeor 19 60
s. sex	6. COLOR OR RACE	7. MARRI			10-12-92		9. AGE (In years lost birthdoy) 67 yrs.	Months	1 YEAR IF U Days Hou	NDER 24 HR
Painter 13. FATHER'S NAME			S.Govt.	R INDUST	Kanse 14. MOTHER'S MAIDEN	NAME	country)		U.S.A.	AT COUNTRY
	IN U. S. ARMED FORCE OF SOLUTION OF SOLUTI		SOCIAL SECURITY NO	17. INF	Ann URQUHA ORMANT Mrs. Mary			iress ume as	#2 at	ove
Conditions, if or gove rise to in couse (o), storing t lying couse lost. PART II. OTH	the <u>under-</u> DUE TO (c) ER SIGNIFICANT COND	DITIONS <u>C</u>		ATH BUT N	IOT RELATED TO THE TERM			VEN IN PART	T 1(o) 19. W	AS AUTOPS) RFORMED?
20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yea	r 20d. IN While of work	JURY OCCURRED Not while of work	20e. PLA	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (Cit	y or town)		County)	(Stote
21. I certify that saw the deceas	t (I) (t MXXOSNOCX ed alive an <u>Ma</u>	rch 2	ed the deceased 29 19 60, and	from that de	oth accurred a2:	5M, fram	March 29	nd an the	that (l) (XXX) las ted abave
22c. PHYSICIAN'S NAME (Type)	1. Wood			M	.D. PHYS. 22d. ADDRESS	AED. DIRECTOR			3-2	22b. DATE SIGNE 29-60
23g. BURIAL, CREMATION BEMOYAL (Specify)	M. W. WOO N. 23b. DATE THEREO 3x80 4-	F	23c. NAME OF CEM			23d. LOCA	spital, I ITION (City, town, Lington			(Stote)
24. FUNERAL DIRECTOR'S Everly Wheat	1/1-/14	Jug (ria, Va 250. REC	APR 1	100	Oxlan		4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death.

ITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with

haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH M

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PLACE OF DEATH O. COUNTY MO	ontgomery		MAR	YLAND	o. STATE	Md Md		l lived. If instituti b. COUNTY			ome	
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write c. LI	ENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or	utside corpor	rote limits, write R	URAL ond	give nec	prest town	1)
KONAL ONG GIVE		nev 13	hrs.4	5min	is.X	Rura	l Rt.	2 Gai	ther	sbu	cg	
d. NAME OF HOSP OR INSTITUTION				-1	d. STREET A	DDRESS						FARM?
	Montgome						14 - 2 - 2 - 2					
B. NAME OF DECEASED (Type or print)	Amanda		Middle Sea		Las	it	4. DATE OF DEATH	Moi	arch	6		Yeor 1960
female		7. MARRIED	NEVER MARRI		2/25/1	H - 2-10 0 -		9. AGE (In years last birthdoy) -80 am yrs.	Months .	R 1 YEAR Days	Hours	Min.
Oa. USUAL OCCUPAT	ION (Give kind of work d	lone 10b, KIND		-	TRY 11. 8IRTHPL	ACE (State	or foreign co	167	12. CI	TIZEN OI	WHATC	OUNTRY
	rking life, even if retired)				Ten	in.		,	U	SA		
3. FATHER'S NAME	sewife /ette Rhea				14. MOTHER'S							
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO). 17. IN	FORMANT		354	Add	lress .			-
(Yes, no, or unknown)	(If yes, give war or dates of se		one		Hospit	al r	ecord	ls				
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	Care	lio - Va		an Ran	8):			2	6 la	5
PART II. O'	THER SIGNIFICANT CON	DITIONS <u>CONT</u>	RIBUTING TO DE	EATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(0)	PERFC	AUTOPSY DRMED?
□ OR CONTRIBUTING □	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	OCCURRED). (Enter noture o	of injury in f	Port 1 or Port	t 11 of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	10	While	OCCURRED Not while of work		CE OF INJURY (tory, street, office			or town)		(County)		(Stote
	at (I) (this haspital	attended t			eath accurre	_	,	the causes as				(we) las d abave
220. SIGNATURE	nelland	- B	ngal	٨	ATTENDIN PHYS.		ED. RECTOR	STAFF PHYS.	Tu	ما		SIGNED
22c. PHYSICIAN'S NAME (Type)	M, MM Kendr	ee Boy	/er		Dama		, Mar	yland				
23a. BURIAL, CREMATI REMOVAL (Specify BUR181	on, 23b. DATE THEREO		eal Fa		CREMATORY Cemeter	у		rion (City, town, chison			land	
24. FUNERAL DIRECTO		Layt	ADDRESS Consvil	le,	Md.		D BY REGIST		ISTRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		3630	CERTIFIC	ATE OF DEAT	Н		Reg. Di	,	1350;
	1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Va. STATE Mary)		d lived. If instituti b. COUNTY		ceste	
	b. CITY OR TOWN RURAL and give	(If autside carparate limits, write neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpo	orate limits, write R	URAL and	give neare	est tawn)
	Bethesda		80 days	Berli	n		0	23X	-d
050	OR INSTITUTION	PITAL (If not in haspital, give street Cal Center Bet)		d. STREET ADDRESS	1				IS RESIDENC ON A FARM YES NO
	3. NAME OF	First	Middle	Last	4. DATE	Man	th	Day	Year
	(Type or print)	William	Edwin	Seebode	OF DEATH	Mare	ch	23	19 6
	5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 H
	Male	White WIDOW	ED DIVORCED	July 23. 19	37	last birthday) 22 yrs.	Manths	Days	Haurs Mir
	IS. WAS DECEASED EV (Yes, no, or unknown)	Ver IN U. S. ARMED FORCES? (If yes, give wor or dates of service) 2 EATH [Enter only one cause per live.]	20-32-8876	Edith A. INFORMANT The Me The Clinical	Johnst dical	Record Add			yland
		EATH WAS CAUSED BY:	Chronic my	nearditie					vears
	Canditians, if gave rise ta cause (a), stating lying cause last	immediate g the under-							
2	20g. ACCIDENT W	THER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU				EN IN PAR		WAS AUTOP PERFORMED? (ES NO
	OR CONTRIBUTIN	IG CAUSE OF DEATH Y MEDICAL EXAMINER)							
	20c. TIME OF INJU			PLACE OF INJURY (Hame, far		y ar tawn)	((County)	(Sto

Day, Year 20d, INJURY OCCURRED Haur a. m. While Nat while at wark at work p. m.

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that I attended the deceosed from January 3., 1960, to March 23., 1960, that I last sow the deceased ond that death occurred at 3:05AM, from the couses and on the date stated above. DATE SIGNED ADDRESS (Street, city ar tawn, state)

ACTUAL SIGNATURE

The Clinical Center National Institutes of Health

March 23.1960

PHYSICIAN'S Charles A. Chidsey, M.D. NAME (Type) 22b. DATE THEREOF

26

60

Bethesda 11. Maryland 22c. NAME OF CEMETERY OR CREMATORY

MINGTOIN

(State)

FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL CREMATION.

REMOVAL (Specify)

ADDRESS

24g. REC'D BY REGISTRAR DATE MAR 3 0 '60

24b. REGISTRAR'S SIGNATURE Chilling & Kraus

TO FUNERAL DIRECTOR: After this page 3 shauld be VS A15 (4) 1SM 9/SB

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ta x				
Commence of the contract of th	3:00 Jeron 2:05	700000 P	es no	0
redne - redne				

Manteo Cemetery

Manteo, North Carolina

ADDRESS

North Carolina

Manteo

24g. REC'D BY REGISTRAR

DATE MAR 9

Dare

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

page 0 VS A15 (4) 1SM 9/S8

REMOVAL (Specify)

Twiford Funeral Home

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Year

IF UNDER 24 HRS.

2

PERFORMED? NO 17

(Stote)

Hours

ON A FARM? YES NO

19 6

Min.

03572

Z X Z		21. I certify that I taak charge af the remains described above, held an Autopsy 🔲, Inspection 📈 Inquiry 📈, and find that
OR:		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
o the O		SIGNATURE FALLER & Broseficie M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
forworded to FUNERAL or removol.	2	EXAMINER'S FRANK J. Broschz+ DEPUTY MEDICAL EXAMINER 3-6-60
forw or re	0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22e. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 3-10-1960 (University) AM MANUAL SPACE B (Ltto), MA
A15ME(S) M 9/55	31	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 633 CERTIFICATE OF DEATH

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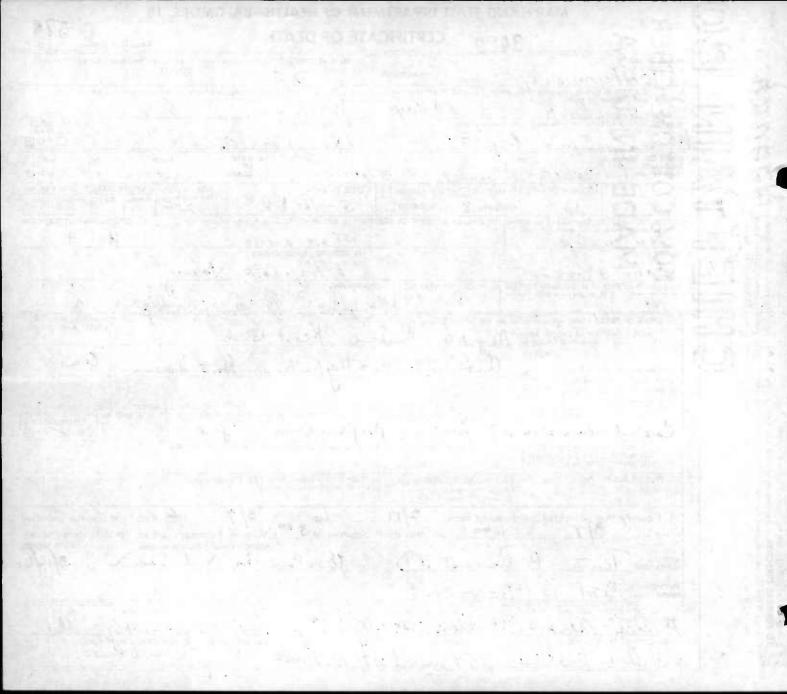
3633

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
o. COUNTY Thorst gorstony Co, MARYLAND	o. STATE Virginia b. COUNTY Alexandria				
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
12 This du	(Sexualization of 83X.3				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE				
Sermon Jan.	1225 Stafferd Year YES NO DE				
3. NAME OF DECEASED (Type or print) A Jack Middle	A DATE Month Day Year DEATH 3 19 6				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH JULY 22 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
M21e White WIDOWED DIVORCED	85 (yrs. Months Doys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life even if refired)					
Physician Physician	Physician Soland US				
13. FATHER'S NAME TO Cleam Shohan	14. MOTHER'S MAIDEN NAME HAME HAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address				
	arles F Shohan-son-same as 2d				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CATALONO	escular collapse				
422 / DUE TO					
Conditions, if ony, which) (b) Mentraline	d arterischerous				
gove rise to immediate couse (o), stoting the under.					
lying cause lost. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
5 correment of Summered with general metanting					
PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	ED. (Enter nature of injury in Part I ar Part II of item 18.)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	Hour o. m. While Nat while factory, street, office bldg., etc.)				
9/12					
2/22	3- 3/4				
alive on 1960, and that death occurred at 2 AM, from the causes and on the date stated above ADDRESS (Street, city or town, stole) DATE SIGNATURE SIGNATURE ACTUAL SIGNATURE S					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, lawn, ar caunly) (State)				
Burial 3/8/60 Mt. Comfor	t Cemetery Alexandria, Virginia				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Robert A. rumphrey Bethesda, M	Marylandoman 7 '60 Orthun S. Thank				

INC. OF THE PARTY And the state of t

	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18				
1	3489 CERTIFICA	ATE OF DEATH (1)3574 Reg. Dist. No.				
)	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)/ a. STATE b. COUNTY				
	b. CLTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShington San & Mospital	d. STREET ADDRESS 8 Conn. Gire. N. W. YES NO.				
	3. NAME OF DECEASED (Type or print) E/13abeth Clarinda 5.	Last 4. DATE Month Day Year OF DEATH 3 1/ 1960				
1	5. SEX COLOR OR RACE NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isot birthdoy) Months Doys Hours Min. M				
/	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Elizabeth Young				
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	W John C. Bahm Meladelphia Pa				
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AS YOUR COURT OF THE PROPERTY OF	let. Heart Buch Interval Between ONSET AND DEATH				
	Conditions, if any, which gove rise to immediate (b) Curfurschic	c + Hey perform Hent Diverse 6 no?				
	couse (o), stating the <u>under-lying cause lost.</u> DUE TO (c)	0				
	3 Cerebul artemovelusis à cuforetion, A	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port or Port of item 18.)				
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)				
	21. I certify that last saw the deceased from 1960, to 3/9, 1960, that I last saw the deceased alive on 3/9, 1960, and that death occurred at 5.00 M, from the causes and on the date stated above					
	ACTUAL SIGNATURE PLUTE B Burelet MD	M.D. 1808 Com An N.W Will De 3/12/6.				
	PHYSICIAN'S RUTH B. BENEDICT.	4				
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22d NAME OF CEMETERY O SLAVE WASHING	OR CREMATORY 220 LOCATION (City, town, or county) (Stote)				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 254 Cavalled	1 1. W DAY AR 1 4 60 Orthur S. Kings				



VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3634 CERTIFICATE OF DEATH

Dist. No. ()3575

								1408. 01011	1101	
1. PLACE OF DEATH o. COUNTY Montgomery	1845.6		MARYL		usual residence (V	Where decease	b. COUNTY			nission)
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I	f outside corp	prote limits, write RI	JRAL ond giv	e nearest to	own)
RURAL ond give n	neorest town)		52 days		Joppa			1	2 X .	2
	TAL (If not in hospital, given	ve street od			d. STREET ADDRESS				e. IS F	RESIDENCE N A FARM?
The Clinic	al Center, I	Bethe	sda 14, Md		Box 319,	Claytor	Road		YES	□ NO D
3. NAME OF DECEASED (Type or print)	Robert		Middle Eugene		Shunk	4. DATE OF DEATH	March	th	18	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years	IF UNDER 1		-
Male		WIDOWED			ctober 14,	1944	lost birthdoy)	Months D	oys Hou	rs Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work de king life, even if retired)				11. BIRTHPLACE (Sto	ote or foreign	country)			TCOUNTRY
Student		N	one		Maryl				U.S.A	•
13. FATHER'S NAME					4. MOTHER'S MAIDEN					
Carl H. Sh			The latest		Marcella				727	100
	ER IN U. S. ARMED FORC		OCIAL SECURITY NO.	INFO	RMANT The M	edical	Record	ess		
No	,		None	The	Clinical C	enter,	Be the sda	14, Ma	arylar	nd
	the <u>under-</u> DUE TO	Res	piratory f	tasis	to the le		3		2 mc	onths
PART II. OT	HER SIGNIFICANT COND	ITIONS <u>CO</u>	NTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS		EN IN PART 1	(o) 19. WA PER	
(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	06. DESCR	IBE HOW INJURY OC	CURRED. (Enter noture of injury i	in Port I or Po	rt 11 of item 1B.)			
20c. TIME OF INJUI Hour a. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work of work work work of wor									
actual SIGNATURE	had I attended the carch 18 had C / Richard C. I	19 61 hed	auc		The Clin	AM, fram ADDRESS (S ical Co Insti	the causes an itreet, city or town, enter tutes of	d an the o	date stat	ed abave
220. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEMET Bel Air Me		REMATORY al Gardens		TION (City, town, o		(s Md •	itote)
23) FUNERAL DIRECTOR			ADDRESS Abin		24a. RE	MAR 2 3	TRAR 24b. REGIS	STRAR'S SIGN		

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Markett Harrist J. 161 1 - Memorial Cardens 3al Ale Deploye - 201.,

O. H. official in beautiful H.D.

FOR STATE TO XEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dear any delay is necessary, me please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. To removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1.476a
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institut	tion: Residence before edmission)
o. COUNTY MARYLAND	a. STATE b. COUNTY	ba.m.T=
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN III outside corporete limits, write RURA	L and give n erast town)
write RURAL and give heerast town)	EE as as	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e, IS RESIDENCE
d. NAME Of NOSPITAL OK INSTITUTION (II not in nospital, give since address)	U. STREET ADDRESS!	ON A FARM?
4511 Lorset an	4511 Unser wa	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Emma Curie SK	elem DEATH Man	30 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UN last birthday)	
Serve WH. * WIDOWED DIVORCED	1-16-1874 Go yrs. Mont	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
do de during most of working life, even if retired)		4.00
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	M-S.C
00 - 0	A D Q.	
Christin Curre	Catherine 17 year	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. (Ye), no, or unknown) (Ifyasgivawarordelasofservica)	NFORMANT Address	U henry st.
mo none you	hu & Skilling (Son) Che	- chen- m
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	seelys-n	D. selela
420. / DUE TO		7.2.2.
Conditions, If any, which (b)		
geva rise to immediate cause		
(a), steting the underlying DUETO		THE STATE OF THE STATE OF
	T DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN	PART 1(e) 19, WAS AUTOPSY
PART II. OTRER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO	TREENTED TO THE PERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 1 20f. (City or town)	(County) (State)
Hour a.m. Whila Not Whila factor	ory, streat, office bidg., atc.)	
		2
21. I certify that I took charge of the remains described above, he		-
death resulted from: Natural causes . Accident ., Suici	ide, Homicide, Undetermined manne	
2.0	CHIEF MEDICAL EXAMINER	
SIGNATURE Mark Directary	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EKAMINER'S - A DI	DEPUTY MEDICAL EXAMINER 🖼	30-60
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or co	untry) (State)
Burial 4-2-60 Loudon Park		
23. FUNERAL DIRECTOR A. PUMPHREY ADDRESS Bethesda		R'S SIGNATURE
	DATE	

was a sult a free beautiful to all Bor. Al 4-2-60 Connen Parkette Delery Belliners Calvised MARKET A. PENGTURBY . ASSESSED MARK TO THE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

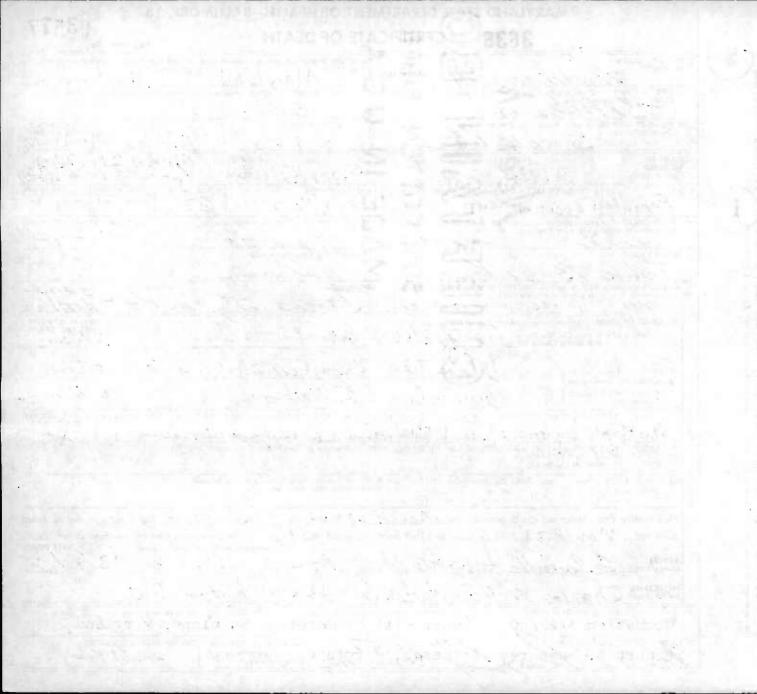
03576

1.	o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institu b. COUNT		efore admission)
	b. CITY OR TOWN (If autside carporate RURAL and give nearest tawn) Olnev	limits, write c.	LENGTH OF STAY IN 16		autside corporate limits, write		nearest tawn)
3	d. NAME OF HOSPITAL (If not in hospite or institution Montgomery County		ress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO A
3.	NAME OF DECEASED (Type or print) Home:	First	Middle Milton	Simons	4. DATE MOF DEATH Mare	onth ch	Day Year 1 19 60
5.	SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In year last birthday		FAR IF UNDER 24 HRS. ys Haurs Min.
13.	a. USUAL OCCUPATION (Give kind of weduring most of working life, even if ret Carpenter FATHER'S NAME Allen John Simulation, WAS DECEASEDEVER IN U. S. ARMED (If yes, give wor or date	ONS FORCES? 16. SOOs of service)	nstructia	Washing: Washing: 14. Mother's Malden i Delilah Woormant Hospital Rec	Boss	U	S. A.
NO	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	(b) (c) Print (c) Print (d) (d) (e) (e)	mary carcinor	nal and aorti	er with metastic lymph nodes	tases (NTERVAL BETWEEN NSET AND DEATH 6 months 1) 19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION		Year 20d, INJU While	RY OCCURRED 20e. PL Not while fa	D. (Enter nature of injury in ACE OF INJURY (Hame, farn ctory, street, office bldg., etc	n, 20f. (City ar tawn)	(Coun	YES 🔀 NO 🗌
	21. I certify that (I) (this hasp saw the deceased alive an22a. SIGNATURE V . S . A. 22c. PHYSICIAN'S NAME (Type) C . S . W.	ital) attended Mar. 1 in Tala	19.60 , and that of	M.D. ATTENDING MPHYS. 22d. ADDRESS Clari	59. to Mar. 1 M, from the couses of the couse of t	and an the do	, , , ,
1	BERNAL CREMATION, 23b. DATE THI BREMOVAL (Specify) 3 5 1. FUNERAL DIRECTOR'S SIGNATURE	160 2	St Lacre ADDRESS ACCURATE	R CREMATORY Cemetery 250. pc. DATE M	- 100	GISTRAR'S SIGNA	

TO HO VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3515 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

03578

Reg.	Disa	B.1 -	
Ked.	DIST.	NO.	

1. PLACE (a. COU		omery		MARY	LAND	2. USUAL RESID		ere deceased	lived. If institution b.MBUNTY			re admiss	sian)
RURA	OR TOWN (III AL and give ne CVille		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T		utside carpoi	rote limits, write R	URAL and	give neo	rest tawr	1)
d. NAM	NE OF HOSPIT	AL (If not in haspitol, gasboro Rd		address)	2	d. STREET AI		boro	Rd.				FARM?
3. NAME (DECEAS (Type or	OF SED	Fi HELEN		Middle ELIZABET	"H	Lost SPURRTE	CR	4. DATE OF DEATH	March	14,	Da		Year 60
S. SEX		A SAME SHOWING TO	7. MARE	RIED NEVER MARRIE		B. DATE OF BIRTH			9. AGE (In years	-	R 1 YEAR		17
Fen	male	White	WIDOW			May 30		0	last birthday)	Months	Danst	Haurs	Min.
	M OCCUPATION MORE		dane 10b.	KIND OF BUSINESS OF OWN Home	R INDUS	Washi	ing to	ar fareign co	ountry)		SA	WHATC	OUNTRY?
13. FATHER	R'S NAME		Will be			14. MOTHER'S							
Aut	brey E	Edwards				Heler	ı E.	Birch	h				
1S. WAS D (Yes, no, or u	DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		50 CIAL SECURITY NO. 78-34-801		FORMANT Earl L.	Spu	rrie	r-Item#				
g ave cause lying	ditians, if are rise to ire (a), stating to cause last.	the <u>under-</u> DUE TO)		/	gkinz							
CERTIFICATION (IL ELLI	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 11	PERFO	RMED?
20a. A OR CC (IF EIT	ONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of	injury in P	Part I ar Part	II of item 18.)				
alive ACTUA SIGNA	AL ATURE	at I attended the 3 Mance UL G. Hall	deceas 194 615	all_	^	111	43 A	M, fram ADDRESS (St		id on th		stated	
22a. BURIA BUI	AL, CREMATION	3/16/6		22c. NAME OF CEME Gate of	Hea	ven	34.23	Silv	ion (City, town, er Spri		id.	(Stat	e)
	al director:	s signature eler-1331	E.	ADDRESS ROC Montg. Ave	ekvi	lle,Md	24a. REC'C	AR 1 6 1	RAR 24b. REGI	STRAR'S SI			

may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

The registrar prior to burial, cremation, or removal, and in any event within 72 hours effect death.

NEASO TO STADISMENT . All communications 150 Tell or the partition of the **建设**的基础。对所以中央公司。

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) y is necessary, I director. Page or your files. Taller. . COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside carporete limits, write RUR AL end give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) for your ō heaton Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained State YES NO J NAME OF Middle Year DECEASED (Type or print) DEATH 19 60 man 16 with AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 with last birthday) in pencil in Item 18. Give Pages 1, 2, and 2) Office along with form PM3. Page 5 may purial-transit permit. File pages 1 and 2 willows, and in any event within 72 hours Hours WIDOWED DIVORCED BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? M-S. C letricion 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. MARGARET Address (Yes, no, or unkown) | (Ifyesglvewerordetesofsewige) 216-34-8998 Nohnson 1B. CAUSE OF DEATH fEnter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudden IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which gave rise to immediate cause 10 DUE TO (e), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 99 ease execute the certificate, writing the word pluods 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. JURY OCCURRED | Oo. PLACE OF INJURY (Home, form, 2016, (City or town) Dom contested Chief forwarded to the Chief | 2Dd. INJURY OCCURRED | Month, Day, Yeer While Not While et work fectory, street, office, bldg., etc.) at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inquiry X and in my opinion agent, Accident 1 Undetermined manner death resulted from: Suicide Homicide Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER boschart ANKUJ NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 940 6000d 00 48 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I VS. A15ME ch MAR 21 '60 Cirthur & Kraus 5M 7/59 DATE

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(State)

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Page 4	directa filed wil	
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haurs after dec

papers. may are retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached far use as the burial-transit permit. Then please remove carl the registrar prior to buriol, cremotian, ar remaval, and in any event within 72

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 101 VS A15 (4) 15M 9/58

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	Vhere deceased live		n: Residenc	e before o	odmission)	
	Montgomery	MARYLAND	Maryland Prince Georges						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		c. CITY OR TOWN (IF	outside corporate				t town)	
	Bethesda	152 days	Morningsi	de		16	1710	d	
	 d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION 	et oddress)	d. STREET ADDRESS				e.	ON A FARM?	
	The Clinical Center, Be	thesda ll. Md.	5820 Skyli	ine Drive				ES NO	
3.	NAME OF First	Middle (K	NUTH last	4. DATE	Mont	h	Day	Year	
L	DECEASED (Type or print) Cedric	Richard	Stahl	OF DEATH	Mar		15	1960	
5.		THE TEN PARKED	8. DATE OF BIRTH	9. A	GE (In years st birthday)		-	UNDER 24 HRS	
	Male White WIDO	WED DIVORCED	September 4,	1927	32 yrs.	Monitis	Doys II	ours Min.	
10	o. USUAL OCCUPATION (Give kind of work done 10)b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign cauntr	1)	12.CITIZ	ENOFW	HAT COUNTRY	
	during most of working life, even if retired) Electrical Engineer	Aviation	Illinois	8		U.	S.	A .	
13	FATHER'S NAME		14. MOTHER'S MAIDEN						
	Albert Knuth		Lucille So	chulz.					
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NFORMANTThe Med		and Addr	ess			
(Y	es. no. or unknown) . (If we nive war or dates of service)		e Clinical Co				[]	and	
-			a ciruicar of	enter, be	ruesas	14, 1			
	18. CAUSE OF DEATH [Enter only one couse per							AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ntracranial hemo	rrhage			- 9	unl	known	
	2043 DUE TO								
	Conditions, if ony, which) (b) Ga		unknown						
	gove rise to immediate					Y 1111			
	cause (o), stating the under-	ute myelogenous	leukemia				5 r	nonths	
Z				MINAL DISEASE CO	NDITION GIV	EN IN PART			
ATIC								PERFORMED?	
FIC	20- ACCIDENT WAS HAIDERIVING TO 204 D	ESCRIBE HOW INJURY OCCURRE	D /Fatas actuse of laiusy is	a Part I as Part II a	Eltern 18 \		1	.3 2] NO [
CERTIFICATION		ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	in rom raman in o	nem ro.,				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d		ACE OF INJURY (Home, for		own)	(C	ounty)	(State	
ED	Hour o.m.	ile Not while tak	ctary, street, office bldg., e	fc.)					
2			2 20 -		10				
	21. I certify that I attended the dece								
	alive an March 15 , 19	260, and that death	accurred at 10:50	DAM , from the	causes and	d an the	date st		
				ADDRESS (Street,	city or town,	stote)		DATE SIGNE	
	SIGNATURE Hawled) . F	alle	M.D. The Clini	cal Cent	er		3/19	5/60	
			National			ies]t.			
-	PHYSICIAN'S Harold J. Fall	on, M.D.	Bethesda						
22	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	P CREMATORY	22d. LOCATION	(City, town	r county)	0	(State)	
S	(PEMONAL (Specify) 3-16-196	S. TOME OF CLIMETER O	N CHEMINIONI	Chic			100	7	
22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wa	of DOIN DE	C'D BY REGISTRAR		TRAR'S SIG	NATURE	Name of Street, or other Persons and Street,	
	Mr. Ol hen O. Rea CAPT	1157 / 10h C+		LD BY REGISTRAK		11 . 8	4.4		

ince Descripes	Parylond Disafyna		Vitecositio	
	- Korningsion	152 caye	ethesda	
y	Sago Sleviens Irive	. No. 11 alleanne		
erch 15 [2]	AUF TUR	A State of	The Code	
	September 1, 1927 32		2 11 1.0	
W. S. M.	alon1111	nolaziya	remains for immed	
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business, al ace	e Citation Commer, Bethe	260-18-1398 Th	II W se	
Asp. No.		nda. Decayrowskii		
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d y 1 2 g - 1 d g	The Himies Center Sational Trainings Satherin II, Estelan		2 Stanton	2

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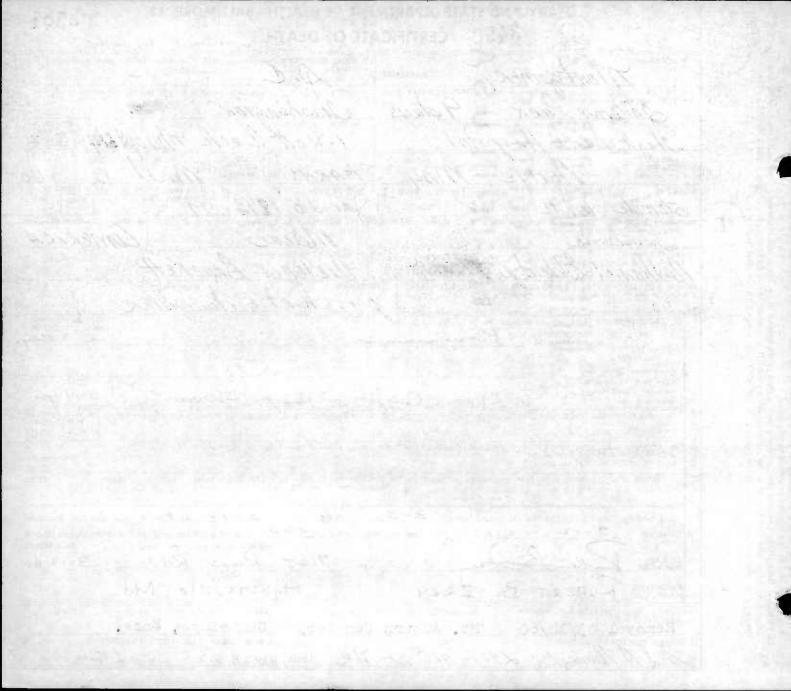
DATE

24b, REGISTRAR'S SIGNATURE

arthur S. Kines

VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or remaval, and in ony event within 72 hours after death.

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 Film G258 3/11/60 iwk CERTIFICATE OF DEATH

Pag Diet No

03582

0003				Reg. Dist. 110.					
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY	on: Residence before admission) Montgomery					
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b								
Bethesda	D.O.A.	26 Rockville							
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Suburban	address)	d. STREET ADDRESS	ad Tama	e. IS RESIDENCE ON A FARM? YES NOX					
		6004 Roselar							
3. NAME OF First DECEASED (Type or print) Walter	Middle S •	Steele	4. DATE Mor OF DEATH 3	Day Year 3 19 60					
S. SEX 6. COLOR OR RACE 7. MARI	RIED T NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male White WIDOW		6/2/1890	77,069 yrs.						
10a. USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	tl. Republic M	ag Kentucky		U.S.A.					
13. FATHER'S NAME	31/44/1982	14. MOTHER'S MAIDEN N	AME						
Samuel Steele		Alice Joh							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service) 5.7	0 00 6115	ife - sa	Add Ame as above	fress					
		TTG - 26	ame as above	INTERVAL RETUGEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	De for (o), (b), and (c).	Kemsonge	ele	INTERVAL BETWEEN ONSET AND DEATH					
420,1 DUE TO	Conditions, if ony, which) (b) Rupture of Ingolandium Sudden								
gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO MY Olar Olar On T									
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMI	nal disease condition GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in P	art I ar Part II of item 1B.)						
A Hour a.m. While	NJURY OCCURRED 20e. Pt fo	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.	20f. (City or town)	(County) (Stote)					
21. I certify that I attended the deceas	ed fram/_/	1, 1958, ta	3/2/ 19/1	that I last saw the deceased					
alive an 3/2/.19	(and that death	accurred at 9:30/	/ /	nd an the date stated above.					
	0	/	ADDRESS (Street, city or town,						
SIGNATURE AND SALES	James -	M.D. Rockery	the med	3/2/60					
PHYSICIAN'S	,D.	Rockvil:	le, Maryland	i //					
22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	2/2					
Burial 3/5/60		ven Cemeter		Spring, Md.					
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey	Bethesda, M	aryland DATE A		Muy S. Kraus					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03583

	o. COUNTY MON	tgomery	o. STATE Mu	E (Where deceased Ryland	lived. If instituti b. COUNTY	on: Residence b	efore admis	sion)			
	b. CITY OR TOWN (III RURAL and give ne	outside corporole limi arest town)	ts, write	c. LENGTH OF STAY I		568. Iver	Spring	rote limits, write R	URAL ond give	nearest low	n
	OR INSTITUTION	AL (If not in hospital, g NITAVEN Res		9300 Bultin Talkonea Ph		d. STREET ADDRE	16 th	58 nc 7	+	ON /	SIDENCE A FARM? NO [3]
	NAME OF DECEASED (Type or print)	Fir AN		Middle Elizabet	h	Stewart	4. DATE OF DEATH	Mor 3	4	Day	Yeor 19 6 0
S.	SEX	6. COLOR OR RACE	7. MARRIE	_		3. DATE OF BIRTH $4/18/81$	L	9. AGE (In years last birthday) 78 yrs.	Months Po	AR IF UND	Min.
	House Wife FATHER'S NAME	ing life, even if retired	dane 10b. K	IND OF BUSINESS OR	RINDUS		Island		12. CITIZEN	A STA	
	WAS DECEASED EVER	S. Winc			17. IN	Kat	therine	Add	ress		
	No			None	Ra	e Skwart	8500 1	6 74 55-		1	my !
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Cerebrul	77	Eronhoris	(vasu	elas)		NTERVAL B	
	Conditions, if or gove rise to in couse (o), stoting lying cause lost.	DUE TO	7	Menoscl Diabetes		ellitus				10 ge	an.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO ☑										
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S'UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OC	CURRED	. (Enter nature of inju	ry in Part I or Part	II of item 1B.)			
MEDICAL											
	saw the deceas	t (1) (this hospital ed alive an Ma	Hattender 4 Hher	ed the deceased 1	that d	eath accurred at	MED. DIRECTOR D	Mosule 4 the causes ar			
	22c. PHYSICIAN'S NAME (Type)	MAX	6.5	HERER,	MJ	22d. ADDRESS 202:	5 EAST	West H'U	vay 5,1	1.5%	Mid
230	BURIAL, CREMATIO REMOVAL (Specify) Burial	3/7/60)F	23c. NAME OF CEME				TON (City, town,	or county) Marv	(Sto	te)
24.	Robert A	s signature A. Pumphr	ey I	ADDRESS Bethesda,		25a.	REC'D BY REGIST	RAR 25b, REGI	STRAR'S SIGNA	TURE	

may are retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. haurs after death. Page 4 TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO H VR A1S (4) 1SM 9/59

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L	0000	CERTIFICA	ALE OF DEATH	Reg. Dist. No.						
	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	d lived. If institution: Residence B. COUNTY MON	ence before admission) tgomery					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase	c. LENGTH OF STAY IN 16	58 Chevy Chase		d give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street 382 Williams Lane	address)	/d38ET300RESSIliams	Lane	e. IS RESIDENCE ON A FARM? YES NO					
3	NAME OF First DECEASED (Type or print) Lula	Middle ah Davidson S	Lost 4. DATE OF DEATH	March 7.	Doy Year 1960 19					
5	female 6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH 4/12/81		R 1 YEAR IF UNDER 24 HRS. Days Hours Min.					
1	0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSOWITO	KIND OF BUSINESS OR INDU	Virginia		U.S.A.					
1:	3. FATHER'S NAME Dr. Marshall M. David	dson	14. MOTHER'S MAIDEN NAME Roaine Wells							
19	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (If yes, give wor or dates of service)		Jane E. Call	Address Same as	#2					
IN	Conditions, if ony, which gove rise to immediate costs (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONDITIO	pertensesses	Cardia - Vascar	lac-ronal Clisease	25478					
ACITA CIBITABL	200. ACCIDENT WAS UNDERLYING [] 20b. DESIGN OR CONTRIBUTING [] CAUSE OF DEATH [] [IF EITHER, NOTIFY MEDICAL EXAMINER]		D. (Enter noture of injury in Port I or Por		PERFORMED? YES NO					
ANEDICAL		_ Not while _ foo	ACE OF INJURY (Home, form, thory, street, office bldg., etc.)	y or town)	(County) (State)					
	21. I certify that I attended the deceased fram									
2	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/8/60	22c. NAME OF CEMETERY O Rock Sprin		TION (City, town, or county) ber, Virgin						
23	The S.H. Hines Co. 2	9010114th St.	N.W. 24a. REC'D BY REGIST		S. Kraus					

may lained by the haspital ar attending physician.

O FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 harrsofter apath. TO HOSPIX. VS A15 (4) 15M 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

hours after death. Page 4

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3640 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Indiana b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Ill days Evansville Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 816 East Mulberry Street The Clinical Center. Bethesda lu. Md. YES NO IX NAME OF Middle 4. DATE Day Yeor DECEASED OF DEATH 1960 O'Neal March (Type or print) David Strange 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Doys DIVORCED [February 13, 1950 Male White WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Indiana U. S. A. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Strange Bessie J. Dilbeck INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Clinical Center, Bethesda 14, Maryland None no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhagic Bronchopneumonia with Abscesses - 4 days IMMEDIATE CAUSE (o) Hypoplastic Anemia (Fanconi) and Thrombo-DUE TO vears cytopenia and Leukopenia Conditions, if ony, which congenital?) gove rise to immediate DUE TO couse (o), stoting the under-Hypersteroidism (drug-induced) 13 weeks lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from November 9, 1959, to March 29, 160, that I last saw the deceased __, and that death accurred at 8:45PM, from the causes and an the date stated above. 19 60 ADDRESS (Street, city or town, stote) DATE SIGNED The Clinical Center March 30, 1960 National Institutes of Health Archie A. Mackinney, Jr., M.D. Bethesda 14, Maryland 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 240. KEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling & Heres

FUNERAL DIRECTOR: 0 VS A15 (4) 15M 9/58

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ITAL OR ATTENDING PHYSICIAN: The law

the registror prior to burial, crematian, or remaval, and in any page 3 should be detached far use as the burial-transit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3641 **CERTIFICATE OF DEATH** () 3586 Reg. Dist. No. 215

1. PLACE OF DEATH a. COUNTY Montgomer	v		MARYLA	- 1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Virginia							
	y If autside carporate lim	its, write	c. LENGTH OF STAY IN	l lb								
RURAL and give no	earest tawn)		1		927 9							
Bethesda	(Rural)		60 days		Quantico				00	1	2	
d. NAME OF HOSPIT	TAL (If nat in haspital, s	give street	address)		d. STREET ADDRESS					e. IS RESI	FARM?	
	l Hospital	, Bet	hesda, Md.		2766 "V"						NO 🔼	
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Man	th	Da	y 1	/ear	
(Type ar print)	Joxepl	_	Louis		TMANN	DEATH	March		20		9 60	
S. SEX	6. COLOR OR RACE	7. MARE	RIED 🛛 NEVER MARRIED	☐ B. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Manths	Days	Hours	R 24 HRS. Min.	
Male	White	WIDOW	ED DIVORCED		11-2-19		40 yrs.	Montes	Days	naurs	Min.	
10a. USUAL OCCUPATIO	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign c	auntry)	12.CI	IZEN OF	WHATC	OUNTRY?	
U.S. Mari		'	U.S. Govern	ment	Indiana	L		U	.S.			
13. FATHER'S NAME	00175		0,00	-	4. MOTHER'S MAIDEN I							
	Stratmann				Minnie ELI							
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress				
	(If yes, give wor or dates of s			(Wif	a) Dorothy	P S+	retmenn	Sa	ne a	e #2		
				1	e) Dorothy	E. DU.	rawiaiiii	58.		-11		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	12	er far (a), (b), and (c).	mel	in Ver	0	Z			RVAL BE		
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Sul.	- Fotal	gas	CONTRIBUTING TO DEATH	H BUI NO	I KELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	K1 1(a) 1	PERFO	RMED?	
PART II. OTH	S UNDERLYING [] / CAUSE OF DEATH MEDICAL EXAMINER)	POb. DES	CRIBE HOW INJURY OCC	URRED. (inter nature of injury in	Part I ar Par	t II af item 18.)					
20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Ye	ar 20d. II		De. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc	20f. (City	ar tawn)		Caunty)	81	(State)	
	19	at war						610			- 1243	
21. I certify th	ot I ottended the	deceas	sed from 20 Janu	uary	19 60 to 20	Marc	h 19 60	thot I le	ost sov	v the de	eceosed	
olive on 20	March	, 19/	60 , and that d	eoth o	curred at 10:58		the couses an	d on th		stated	abave	
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SIGNATURE	1408100	fle	2	M.D	U.S. Naval	Hosp	ital, Bet	hesd	a, M	d.3-	57-00	
PHYSICIAN'S W	.D. HOOFER	LT M	C USN		U.S. Nava	l Hos	pital, Be	thes	la,	Md.		
22a. BURIAL, CREMATIC	N, 22b. DATE THEREC	OF)	22c. NAME OF CEMETI	ERY OR C	REMATORY	22d. LOCA	TION (City, tawn,	ar caunty)		(State	e)	
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23. FUNERAL DIRECTOR		W	CILADORESS /	44		D BY REGIS		STRAR'S S	GNATU	RE		
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4 hours after death. Page 4

TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 34 hours after de many enterined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune page 3 should be detoched far use as the burial-transit permit. Then please repove capon papers. Pages 1 and 2 should the State Board of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

	3640	CEKTIFICA	IE OF DEATH		0 0
1. PLACE OF DEATH Q. COUNTY Montgomery	County	MARYLAND	2. USUAL RESIDENCE (WHO	ere deceased lived. If institution: I b. COUNTY	Residence before admission) Montgomery
b. CITY OR TOWN (If our RURAL and give neores Bethesda,	tside carporote limits, write tt town)	c. LENGTH OF STAY IN 16	Bethesda.	utside corporote limits, write RURA Maryland	L ond give nearest town)
	If not in haspital, give street leld Rd.	oddress)	d. STREET ADDRESS 4815 Edge	field Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Herbert	Middle M.	Stroud	4. DATE Month OF DEATH March	Day Yeor 15 19 60
5. SEX 6.	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF I	UNDER 1 YEAR IF UNDER 24 HRS.
Male	White widow	ED IVORCED	9-14-1874	lost birthday) x6	onths Dpys Hours Min.
during most of working Retired		KIND OF BUSINESS OR INDU	Ironia, N	ew Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Samuel V	V. Stroud		Josephin	e Latimore	
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FORCES? s, give war or dates of service)		I.A. Stroud.	Address -son-same as	2d
PART I. DEATH VIMING 3 3 / X Conditions, if ony, gove rise to immore couse (o), stoting the lying cause lost.	ediote Due TO	rebial	Alexas	Those	ONSET AND DEATH
20a. ACCIDENT WAS U	NDERLYING 20b. DES	CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIVEN Part 1 or Part 11 of item 18.)	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
U (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year 20d. While	- for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State)
21. I certify that (I saw the deceased 22a. SIGNATURE 22c. PMYSICIAN'S NAME (Type) W	alive an 3/14	e e	death accurred at 2.4 M.D. ATTENDING MI PHYS. DI	M, from the causes and constant of the course of the cours	22b. DATE SIGNED 3/15/60
230. BURIAL, CREMATION, REMOVAL (Specify) Bur-Transi	- 1 1	23c, NAME OF CEMETERY C	emetery		nsylvania
24. FUNERAL DIRECTOR'S SI		ADDRESS		No.	AR'S SIGNATURE
Robert A.	rumphrey	Bethesda, Mar	y Land DATE	MAN 17'60 C.	Un & Karel

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3643 **CERTIFICATE OF DEATH**

	36	43	CERTIFIC	ATE OF D	EATH			Reg. Dist.	No.()3	588
PLACE OF DEATH	tgomery		MARYLAND	2. USUAL RESIDE	ence (Where	deceosed live	d. If institution b. COUNTY		before odmi	
b. CITY OR TOWN	(If outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside	de corporate l	imits, write Rl	JRAL and give	e nearest tow	(n)
RURAL ond give in	thesda		始 days (11	Hrs) X	Ga:	rrett l	Park			17 18
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, g	give street o	address)	d. STREET AD					e. IS RE	SIDENCE A FARM?
	Sub	urban		4408	Stratl	hmore :	St.		YES [ON [
NAME OF DECEASED (Type or print)	Cather	*	Middle	Sullivan	4.	DATE OF DEATH	Marc		Doy 13	Year 19 60
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH			GE (In years	IF UNDER 1		
Female	White	WIDOWE	D IVORCED	5/29/72		10	st birthdoy) 87 yrs.	Months De	ays Hours	Min.
nouse	ION (Give kind of work rking life, even if retired Wife	done 10b.	KIND OF BUSINESS OR INDU		Pennsy.	Lvania	')	12. CITIZE	U.S.A	COUNTRY
3. FATHER'S NAME	T			14. MOTHER'S						
	Joseph P Wh	_	<u> </u>		Kather	ine B	ohama			
Yes, no. or unknown)	ER IN U. S. ARMED FOR Ilf yes, give war or dates of s	CES? 16. Service)		INFORMANT			Addr			
No			None	Granddaug	hter l	Mrs. Ro	obt. Ba	rclay		
Conditions, if a gave rise to couse (a), stating lying couse lost	the under-)	Chonic o	Pasts.	ic Il	een			3 ila	ioun
8	AS UNDERLYING OF CAUSE OF CEATH	* 0	ONTRIBUTING TO DEATH BU	Day_				EN IN PART 1	(o) 19. WAS PERF YES	ORMED?
-	Y MEDICAL EXAMINER) IRY Month, Day, Ye	ar 20d. IN While of work	Not while fo	LACE OF INJURY (H poctory, street, office		20f. (City ar to	own)	(Cou	unty)	(Stote)
21. I certify to alive an	hat I attended the	decease , 19	ed from	h accurred at	2:50 PM,	fram the ORESS (Street,	causes and	d an the o	date state	d above
	obert J. Th				9 Con					
REMOVAL (Specify Burial	3/16/6		22c. NAME OF CEMETERY			d. LOCATION	, ,	_ ′′		ote)
		0	St. Jerome		240. REC'D 8	Schuy			Penna	•
Robert .	A. Pumphr	ey I		4	DAMAR 1			TRAK'S SIGN		

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ADDRESS

Damascus. Md.

e. IS RESIDENCE

Days

(County)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DAMAR 2 2 '60

USA

INTERVAL BETWEEN

ONSET AND DEATH

months

PERFORMED?

YES NO IN

(State)

DATE SIGNED

(Stote)

60

ON A FARM?

YES NO

Year

1960

certificate TO FUNERAL DIRECTOR:

VS A15 (4)

15M 9/58

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1	8
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3492 CERTIFICATE OF DEATH

8 (1359() Reg. Dist. No.

				- g
1. PLACE OF DEATH o. COUNTY Montgom	erg MARYLAND	o. STATE	nere deceased lived. If institution:	Residence before admission) 1 ontoon eva
b. CITY OR TOWN (If outside corporate limits, a RURAL and give nearest tawn)	vrite (E. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF &	outside corporate limits, write RURA	AL and give pearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Wash mater	street oddress)	/ d. STREET ADDRESS	oward Charel	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print) Thomas	Middle	Tables	4. DATE Month OF DEATH Marc	L Doy Yeor
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark danduring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	Maryla	and	12. CITIZEN OF WHAT COUNTRY?
Levi A. Table		14. MOTHER'S MAJOEN N	Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dales of service		Pt's Ho	Spital Recor	1
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line far (a), (b), and (c).] Ex. sanguinate	in , Shock		INTERVAL BETWEEN ONSET AND DEATH 24 Lato
Canditions, if ony, which gove rise to immediate couse (o), stating the under.	Rupture Abo	aminal Horn	Go Hnewyan	e 3 ylate
Part II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Part I ar Part II af item 18.)	
Hour o.m.		ACE OF INJURY (Hame, farm actory, street, office bldg., etc		(County) (State)
21. I certify that I attended the dealive an38,			M, fram the causes and a	
ACTUAL Marvin	L. Kolkin	M.D. 8485	ADDRESS (Street, city or town, stol	DATE SIGNED
PHYSICIAN'S Marvin L. K.	olkin			3/9/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 3-11-60	Kemptown	DR CREMATORY	22d. LOCATION (City, town, are c Kemptown, Mo	ounty) (Stote) nt. Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Francis H. Barber	- Laylonsville	had 24a. REC'	1110 4 5 100	AR'S SIGNATURE

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FOR STATE

TO CEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deather any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Fealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2018 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3645

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)				
o. COUNTY MARYLAND	e. STATE b. COUNTY				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nerest town)				
write RURAL and give nearest town)	C. CIT OK TO THE (IT obtaine corporate limits, write KOKAL and give meres) town)				
Betherda 20 ym	2 Bethirde				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS (e. IS RESIDENCE				
(-C-12 S.) 5t	5-5-23 Scrithward St YES NOW				
3. NAME OF First Middle	Last 14. DATE Month Day Year				
DECEASED	OF				
(Type or print) Cilma Estelle To	elbert DEATH man 18 19les				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
female white WIDOWED DIVORCED []	5/20/1887 lest birthdey) Manths Pays Hours Min.				
10e. USUAL OCCUPATION (Give kind of work done dyging most of working fife, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	11.8.6				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	a a B				
Francis Tucker	Ella Josey				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 9927 Markhan St				
No Yes-Unknown Ell	Dunale (dunt) ST Store hal				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	The state of the s				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (0) Coronday Co	column sudden				
420, DUE TO	NAME OF TAXABLE PARTY OF THE PARTY OF TAXABLE PARTY.				
Conditions, if any, which \ (b)					
geve rise to immediate cause					
(a), stating the underlying					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?				
	YES NO A				
	nter nature of Injury In Pert I or Part If of Item 18.)				
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Tall thou a.m.	ory, street, office bldg., etc.)				
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion				
death resulted from: Natural causes K, Accident , Suici					
dealli resulted from: Matural causes [X], Accidelli [], Suici					
9 10 0	CHIEF MEDICAL EXAMINER				
SIGNATURE MAYA JANERALL	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
	DEPUTY MEDICAL EXAMINER 2 3-10-60				
NAME (Type) FLANK J. Breschart	Address (Street, city, town, or county)				
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)				
Burial 3/21/60 Glenwood Cer	metery Washington, D. C.				
23. FUNERAL DIRECTOR ADDRESS ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE					
Pohert A Bumphyor Pothogde Maryland					
Tober of Tumplifey Decliesda, Mar	y Land DATE MAR 2 2'60 Civiling & timena				

DESCRIPTION OF THE PROPERTY OF THE WORLD OF THE WORLD OF THE PROPERTY OF THE P THE CHARLEST MILES PLOTE TO BE 3/21/60 - 1 1 am ad dendante - 1 - Mathington, L. J. society of Fungitivey, noting ada, Hirwight and and Caroli Carolina

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	36	46 ME	DICA	L EXAMINE	R'S	CERTIFIC	CATE O	DEATH	Reg. Dist.		3592
1.	PLACE OF DEATH a. COUNTY M	ontgomery	7	MARYL	AND	G. STATE	rvland	ased lived. If instit b. COUNT	Υ	e before adr	
		outside corporate limits, write		c. LENGTH OF STAY IN	116	c. CITY OR TOV		prporote limits, write			
		helton B		ritol, give street address) Road		d. STREET ADDR	RESS Chelton	n Road		10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Marga:		Middle Staffor	d	TAYLOR	4. DATE OF DEATE	Mar.	h 27,		Year 1960
	emale	6. COLOR OR RACE White	7. MARRIEL	NEVER MARRIED DIVORCED	_	DATE OF BIRTH	1907	9. AGE (In years last birthday) 52 yrs.	Months Da	-	Min.
100	. USUAL OCCUPATIOn during most of working Housewif	g life, even it refired)	done 10b. KI	IND OF BUSINESS OR IN	IDUST		(State or foreign			OF WHAT	T COUNTRY?
		n Staffor				14. MOTHER'S MAII		Perrie			
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give war or dates of	service)	None		narles T	sband aylor	Address Sa	me as	Item	#2
		H (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)		or (o), (b), ond (c).] nary Occl	usi	Lon				Sudd	EATH
	Conditions, if an gove rise to immediate (o), stoting the u	iote couse	Нур	ertension		1				Year	's
CATION	PART II, OTHI) (c). ER SIGNIFICANT CONI	DITIONS CON	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(o) 19. WAS PERFO YES [AUTOPSY ORMED? NO [3K
CERTIFI	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRI	ED. (E	nter nature of injury i	in Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 20e. Not while ot work	PLAC	E OF INJURY (Home ry, street, office bldg	e, form, 20f. (Ci	ty or town)	(County)	(Stote)
		The second secon		emains described Accident ,				Inspection K , Indetermined o		and and	find that
	ACTUAL SIGNATURE	Transf.	Bir	rhact		_M.D.	CAL EXAMINER [-		DATE	SIGNED
	EXAMINER'S NAME (Type)			CHART	ij,	DEPUTY MED	MEDICAL EXAMINER	_	Mar.	27,	1960
22c	BURIAL, CREMATION REMOVAL (Specify)	3/30/6	1	Congressi				ATION (City, town,		(Sto	te)

Bethesda, Maryland

240. REC'D BY REGISTRAR

DATE MAR 3 0 '60

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

The Service of Physical Action in the Company of th The fact that the least made I have the service to the least the l the residence of the property of the property

VS A15 (4)

15M 9/5B

director

funeral

filed

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shauld

PLACE OF DEATH

Bethesda

OR INSTITUTION

a. COUNTY

NAME OF

S. SEX

CATION

CERTIF

DECEASED (Type ar print)

Female

13. FATHER'S NAME

None

No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause last. CATHILLE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY la YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of vinjer) in Port I be 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. m. While Nat while at wark at wark 21. I certify that I attended the deceased from 6 March 1960 19 to 9 March 1960 that I last saw the deceased 1960 alive an 9 March _, and that death accurred at 4:15PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. U.S. Naval Hospital, Bethesda, Md. 3-10-60 PHYSICIAN'S G.B. AVERY LT MC USN U.S. Naval Hospital, Bethesda Md. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State) Burial (Specify) Lancaster South Carolina Memorial Park - 5HIPMENT 3-10-60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR MAR 1 4 '60 Orthur S. Kraus Pumphrey 7557 Wisconsin Ave. Bethesda Md. 9VVVV VVXVU

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B.A. Finghirly 1997 Wisconston Avo. Exchange 141. 12 Phys. st.

3648 **CERTIFICATE OF DEATH**

03594 Dam Disk M.

					Reg. Dist.	140.
1. PLACE OF DEATH a. COUNTY Montgomery	r	MARYLAND	2. USUAL RESIDENCE (WI 2. STATE South Carol	here deceased lived. If inst		befare admission)
b. CITY OR TOWN (If autside carporate limits, wri	te c. LENGTH OF STAY IN 16		autside carporate limits, wri	ite RURAL and giv	e nearest tawn)
RURAL and give n Bethesda	learest tawn)	22 days	Seneca		77	x _ 3
d. NAME OF HOSPI	TAL (If nat in hospital, give str		d. STREET ADDRESS			e. IS RESIDENCE
The Clinic	cal Center. Be	thesda 14, Md.	Route # 2			ON A FARM? YES NO 📆
3. NAME OF	First	Middle	Last	4. DATE	Manth	Day Year
(Type ar print)	Ralph	Davis	Taylor	OF DEATH Marc	ch	26 19 60
S. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS.
Male	White WID	OWED DIVORCED	August 15, 1	L923 last birthdo	yrs. Manths De	ays Haurs Min.
10a. USUAL OCCUPATION	ON (Give kind of wark dane	106. KIND OF BUSINESS OR INDU			12. CITIZE	N OF WHAT COUNTRY?
	king life, even if retired) Salesman	Automobile	South Car	rolina	U.S	5.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Davis Tayl	lor		Elizabeth	Carpenter		
15. WAS DECEASED EVE		16. SOCIAL SECURITY NO.	NFORMANT The Med		Address	
Yes	WII	Unascertainable				Maryland
18. CAUSE OF DEA	ATH [Enter anly ane cause po					INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Respiratory fai	ilure			ONSET AND DEATH
193	DUE TO					
Conditions, if a	any, which) (b)	Cerebral glioma				4 years
gave rise to i	mmediate (
lying cause last.	(c)					
PART II. OTI	HER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 206. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
ZOc. TIME OF INJUR Haur a. m. p. m.	, w	d. INJURY OCCURRED 20e. PL hile Nat while fa wark at wark	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (City ar tawn)	(Cou	unty) (State)
21. I certify th	hat I attended the dec	eased fram March 4	1960 ta Ma	arch 26 196	50 that I last	saw the deceased
alive an Ma:	rch 26 1	9 60 , and that death	accurred al2:351		and an the	date stated above
9	wo	10 11 . 1		ADDRESS (Street, city or to		DATE SIGNED
ACTUAL	soph d. 14	llem faceure.	The Clinic	cal Center		3/26/60
9	//	3,	National :	Institutes of	f Health	
PHYSICIAN'S NAME (Type)	Joseph J. Adam	kiewicz, M.D.	Bethesda	ll. Maryland		
22a. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, to	wn, ar caunty)	(State)
CATA PARTY	1-3-27-196	9/		SENECA		S.C.
23. FUNERAL DIRECTOR	'S SIGNATURE ELON	ADDITESS			REGISTRAR'S SIGN	
In JUN- Plan	Alus . 19	00 Chapen St	N.W DATE M	AR 29'60	Carthun S. 1	Trans

may be Vained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, name 3 charild be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SB

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29

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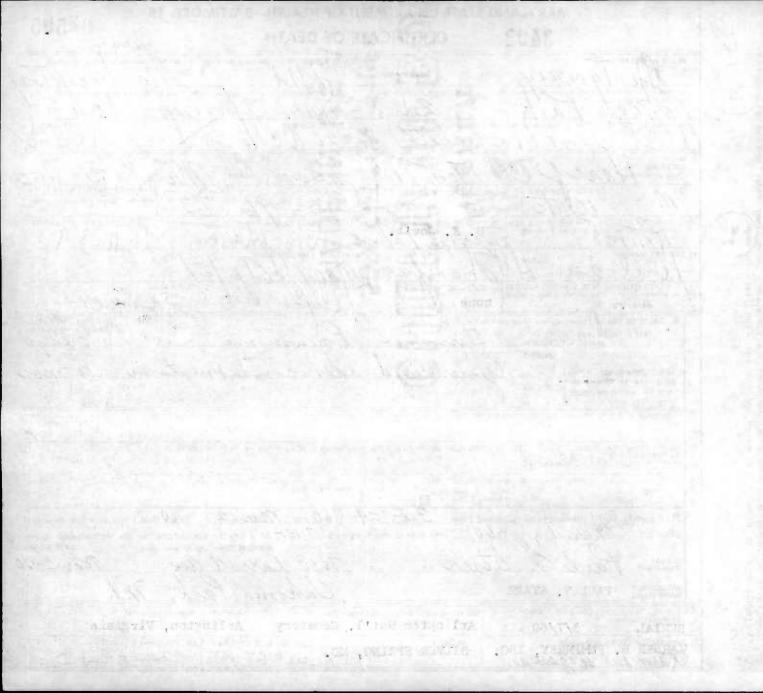
rs after death. Page 4

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C. Lawrence		the super to	

arthur S. Kraus

VS A15 (4) 15M 9/58



1	Item 18 Film 262 5-9-MARYEAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	3452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (13596)
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission)
≥8 . ±	e. COUNTY MARYLAND e. STATE MI b. COUNTY MARYLAND
files.	b. CITY OR TOWN (if outside exporte limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
our fine	write RURAL end give reedest town)
dire dire	d. NAME OF HOSPITAL OR INSTITUTION (if got in hospitel, give stylet eddress) d. STREET ADDRESS e. IS RESIDENCE
lelay Ad for Bod for B	11026 Brunley Tere 11026 Brunley Ter YES NO D
fun fun aine State	3. NAME OF First Middle Last 4. DATE Month Dey Year
the the	(Type or print) Octavia Gilbert Thornton DEATH Man 14 1960
3 to 3 to after after after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ma) wurs	female white WIDOWED DIVORCED 11-3-1918 41 yrs. Months Deys Hours Min.
2, 2 2, and 2 1, and 2	June 11 July
Page 1, 1	105 HISHA OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or Bag	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
7 0 × 0 ×	Mathew H. Gilbert Josie Olsen
E C E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((Ifyesgive were redeles of service) 217,01,0068
d Hill	(Yes, no, or unkown) (Ifyesgive were deles of service) 247-01-0068 Decharal Thornton - Item 2
cute W E in	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
exe slon ans	PART I. DEATH WAS CAUSED BY: Undetermined IMMEDIATE CAUSE (e)
d bence ce a sel-tr	715,5 DUE TO
should 's Offic a buria	Conditions, if eny, which (b)
0 - 7 0	geve rise to immediate cause (e), stating the underlying DUE TO
0 2.5 70	cause lest. (c)
Exam Exam s use ition,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY PERFORMED?
This c word dical uld be crema	YES X NO
he he he '	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
ing thing thing thing thing thing thing the same of th	
Chi	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
the the	
ficat ficat to the to the total to the total to the total to the total t	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry
DICAI e certifi arded IRECT agent,	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL 4 A SSISTANT MEDICAL EXAMINER DATE SIGNED
25 0 0 - 2	SIGNATURE Ment 1 Moretant M.D.
execute and be fully	EXAMINER'S NAME (Type) FLANK J. Brosch 2 of Address (Sireet, city, town, or county) 3-15-60
FUNEI its desi	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (Siele)
0 0 4 0 0 o	TRANS. & BURIAL 3/17/60 Woodlawn Cemetery Greenville, South Carolina
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	WARNER E. PUMPHREY, INC. SILVER SPRING, MD. DATEMAR 17'60 arthur S. Krous
Mark of the last	

的复数名词 100 mm 10 Handberg M. Ob therete 2 1-10 November 19-45 words. Together ask steen worker Edward at the Constitute, South Constitute

MARYLAND STATE DEPARTMENT OF HEALTH 3649 CERTIFICATE OF DEATH

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eurs after death. Page 4

spital ar attending physician.

er this certificate has been signed by the attending physician and campletely filled in by the funeral director, er this certificate has been signed by the attending physician and camples. Pages 1 and 2 should be filed with far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with riar to burial, cremation, ar remayal, and in any event, within 7, hours after death.

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T	P	4	DO	he
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TO HOS . OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24		_		
VR	S> may be clained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled	55 page 3 should be detached far use as the burial-transit permit. Then please remove congan papers. Pages 1	

)	1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ir a. STATE b. CO	nstitutian: Residence befare admissian) UNTY Montgomery
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, w	rite RURAL and give nearest tawn)
ı	RURAL and give nearest town) Rethesda	2 years	57 Bethesda,	
H	d. NAME OF HOSPITAL (If nat in haspital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE
	8604 Grant St.		8604 Grant Street	ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Middle D.	LIGWE 4. DATE OF DEATH MA	Month Day Year 1960
	5. SER 6. COLOR OR RACE 7. MAR WIDOW		Feb. 5, 1897 9. AGE (In low birth 65)	years IF UNDER 1 YEAR IF UNDER 24 HRS. day) yrs. Months Days Haurs Min.
ï	10a. USUAL OCCUPATION (Give kind of work dane 10b.	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
i	during mast of working life, even if retired) Housewife		Texas	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Hugh Calvin Douglas		Carrie B. Cole	man
И	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give war or dates of service)	. SOCIAL SECURITY NO. 17. IN	FORMANT Sister	Address 8604 Grant S
ì		65-18-9000 M	rs. Nancy W. Walson,	Bethesda, Md.
7	1B. CAUSE OF DEATH [Enter only one cause per li	ine far (a), (b) and (c).	A	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rouchable	E MOMUS	3 3 3 4 1 5
	170 X DUE TO	1- 1/2/1		
4	Canditians, if any, which) (b)	JASISTIC 1	arcinoma of by	past.
	gave rise to immediate DUE TO			
	lying cause last. (c)		7	
1	PART II. OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1				YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature af injury in Part I ar Part II af item 1	B.)
	S 20c. TIME OF INJURY Manth, Day, Year 20d. I	INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)
d	20c. TIME OF INJURY Manth, Day, Year 20d. While p. m. 19 at wo	IAOI AUIIE	tary, street, affice bldg., etc.)	1 1
	21. I certify that (I) (this haspital) atten-	ded the deserved from	SAM DO HOS MAS	2 1900) that (1) (we) last
H	say the deceased alive an internal	10 -116	142	-3-1-4- 172=D; mai (1) () rasi
	22d SIGNATURE	1790, and that a	eath accurred all 2M, fram the cause	es and on the date stated above.
	JUNION TO THE	1 1/20	M.D. ATTENDING MED. STAFF	SIGNED SIGNED
7	22c. PHYSICIAN'S	11/11	22d/ADDRESS O TI	at HUALT
H	(Shame type) A (TR	AM-FIR. M.	1 44 BODICUSI- W	RS TRIPS
	23a. BURIAL, CREMITION, 23b DATE THEREOF	230 NIAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City,	tavin, or caunity) (State)
	Burial Mar 15.198		Cemetery Montgom	
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY	Bethesda, Ma:	ryland DATEMAR 16'60	Colling & #

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Man of	1.		3453 CERTIFICATE OF DEATH	00538
director		1. [PLACE OF DEATH D. COUNTY ON + GOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Reside of STATE AND STATE OF STA	ence before admission) (9019ERV
funeral			b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 14 c. CITY OR TOWN If autside corporate limits, write RURAL and RURAL and give nearest fown) Silver Spring	970.
by the	090		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AND NURS N 9 HOSPITAL VIRY PLAY PLAY PLAY PLAY PLAY PLAY PLAY PLA	e. IS RESIDENCE ON A FARM? YES NO
filled in ges 1 or eath.			NAME OF DECEASED (Type or print) TILE Y A DATE OF DEATH Month	7 1960
pletely ers. Pag after de			MALE MILE WIDOWED DIVORCED OCT 25 1884 lasy birthday) wonths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
and com on pape	2		during most of working life/even it retired) TARMER NORTH CAROLINA	USA
icate be	-	1	FATHERS NAME TO BERT Tilley, BEBBOWNARGAROT RIGG.	2
th certification by se remo		15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address	Son.
he deat e attence en plea d in an)			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACCUMDNA AFT TOTAL WITH	ONSET AND DEATH
d by th mit. Th			Canditians, if any, which gave rise to immediate (b)	
require		7	cause (a), stating the under- lying cause last. DUE TO (c)	
The low g physic has bee urial-tra matian,	0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
CIAN: intending tificate is the bu		AL CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town)	15
PHYSI are this cere or use a ar to bur		MEDICAL	Haur o. m. While Not while of wark at wark foctory, street, office bldg., etc.)	(Caunty) (State)
ENDING he hasp R: After ached fa			saw the deceased alive an 2 27 1960, and that death occurred a 2 0 A from the causes and an the	
ed by the RECTO be def He	1		226. SIGNITURE M.D. ATTENDING MED. STAFF PHYS. 226. PHYSICIAN'S 226. ADDRESS	7 6325. DATE SIGNED
ITAL OF THE STATE OF THE STATE BOARD STATE			NAME (Type) C. H. H. JGON Sandy Sorry	Mar
FUNI age		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS OF CREMATORY 23d COCATION (City, town or county	(State)
o me, o Funda	Q	1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	IGNATURE .

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3256 CERTIFICATE OF DEATH

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	1. PLACE OF DEATH a. COUNTY MON	TGOMERY		MARYL	AND	a STATE	MARYL		lived. If instituti b. COUNTY			re admiss	sian)
	RURAL and give n	f autside carporate limearest tawn) R SPRING	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SILVER SPRING							
	d. NAME OF HOSPIT OR INSTITUTION	7 HILLTO		d. STREET A	DDRESS	OP ROA					IDENCE FARM?		
	3. NAME OF DECEASED (Type or print)	Fid SID		Middle A .	TI	RUNDLE	t	4. DATE OF DEATH	Marc		Do 22	,	Year 19 60
	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARK	NEVER MARRIED DIVORCED	_	9/21/			9. AGE (In years last birthday) 77 yrs.	IF UNDER	Days	IF UNDI Haurs	R 24 HRS. Min.
	Superviso 13. FATHER'S NAME	king life, even if retired) 0	kind of Business of &P Telephon		Ma 14. MOTHER'S	rylan	d IAME			J.S.		OUNTRY?
	15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT	EMMA :	SAPPIN	GION	ress	-		
		(If yes, give war or dates of	service)	77-01-0922			rine :		ndle, 7 Iver, Spr	Hillt	ор :	Road	
	Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-	Cer	ebro-s	cle		S		nic	U	nde	m e tern	ninec
	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ona	CRIBE HOW INJURY OC	VID	seller	5130			VEN IN PA	KI I(d) I	PERFC YES	NO E
	_	Y Manth, Day, Ye	ar 20d, II While at war	Nat while		CE OF INJURY (lary, street, affic			ar tawn)		(County)		(State)
		at (1) (this haspital sed alive an Ma		ded the deceased to the deceas	that d		G ME	M, fram I	STAFF PHYS.	Mail	e date	stated	d abave. b.DATE SIGNED
	230. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	3/25/60	OF	23c. NAME OF CEME	TERY OF		ERY		ION (City, Town, TGOMERY	,,	Y, N	(Stor	
	24 FUNERAL DIRECTOR	S SIGNATUREY;	INC.	STLVER S	PRIN	IG, MD.	250. BECH	b an become		STRAR'S S			

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VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03601 Reg. Dist. No 215

		3650	CE	RTIFICA	TE OF DEATH	1		Reg. Dist. No	215	JUL	
	1. PLACE OF DEATH a. COUNTY Montgomery	7		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE District o	ere deceased	lived. If institution in COUNTY			on)	
	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, v	write c. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (If o			JRAL and give nee	arest tawn))	
	Bethesda	(Rural)	34 da	.ys	Washington			4	1X-3	3	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give	street address)		d. STREET ADDRESS				e. IS RESI	DENCE FARM?	
1	U.S. Naval	Hospital, B	ethesda, M	id.	1723 34th	Street	N.W.			NO K	
	3. NAME OF DECEASED (Type or print)	First John		Middle	Lost TUCKER	4. DATE OF DEATH	Mont March	h Do	,	ear 960	
	5. SEX	6. COLOR OR RACE 7.			B. DATE OF BIRTH	15	P. AGE (In years	IF UNDER 1 YEAR			
	Male			VORCED	4-16-80		10st birthdoy) 79 yrs.	Months Days	Hours	Min.	
	10g. USUAL OCCUPATION	ON (Give kind of work done			TRY 11. BIRTHPLACE (Stote	or foreign cou		12. CITIZEN OF	WHATCO	OUNTRY?	
	U.S. Navy	king life, even if retired)	U.S. Gove		Californi			U.S.			
	13. FATHER'S NAME		Jose dove	I IMPOLIO	14. MOTHER'S MAIDEN N			0.5.			
	Frederick	א שוויעדים			Nora REARD	V)NI					
1		ER IN U. S. ARMED FORCES	7 16. SOCIAL SECUR	ITY NO. I IN	FORMANT	M	Addr	P44			
,	(Yes, no, or unknown)	(If yes, give war or dates of service				amad C			11		
/	Yes CAUST OF DE	WW I & II	011 42 20		ife) Mrs. Mil	area 5	. Tucker				
		ATH [Enter only one cause ATH WAS CAUSED BY:	A .	1	1 11	7			ERVAL BET		
	IMMEDIATE CAUSE (a) HYTERIO SCIENTIC HEBRT DISCASE MANY COM										
	400,	Conditions, if ony, which) (b) generalized Anteriosclanosis many years									
	Conditions, if a		genera	11300	Arterioscio	SISOMS		0)	2001	10900	
	couse (o), stating								9	1	
	lying couse lost.	(c)									
7	PART II. OT	HER SIGNIFICANT CONDITI	IONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	9. WAS A PERFOR	RMED?	
-		- 101 14 1 1		0 4 4 6	umonia				YES 🔀	ИО □	
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	ZOc. TIME OF INJUI		20d. INJURY OCCURR	f	CE OF INJURY (Home, farm tory, street, office bldg., etc.		or town)	(County)	5717	(Stote)	
	Hour o.m.		While Nat while of work		iory, sirect, office bidg., etc.						
	21. I certify the	nat I attended the de	eceased from 7	Februa	ry 19 60 to 12	March	19 60	hat I last say	v the di	eceased	
	alive an 12	March			accurred all:05A		/				
	and an	1100	1,1	mar acam			eet, city or town,			E SIGNED	
,	ACTUAL	Jahr Hin	a espino	1.	U.S. Naval	Hospit	al. Beth	esda Md.	3-1/	4-60	
	1/	8									
	PHYSICIAN'S NAME ((Lype)	J.W. DAVIS LI	MC USN		U.S. Naval	Hospit	al, Beth	esda, Md.			
	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME C	F CEMETERY OF	RCREMATORY	22d. LOCATI	ON (City, town, o	r caunty)	(State	2)	
	Burial (Specify	3-16-60	Arling	ton Nat	ional	Arling	ton Vi	rginia			
	23. FUNERAL DIRECTOR	S SIGNATURE DE	ADDRESS		24a. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATU	RE		
	Devol 2224	Wisconsin Av	e. Bethesd	a Md.	DATE	IARM 5 '	60.	withun S. Kr	aus		

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IO D. JIX MEDICAL EXAMINER. This certificate should be executed within 24 hours after death., delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH

OF DEATH

	1/2027-11/	1/2-01/2-01		,
3651	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	OF DEATH				11 2. U	SUAL RESIDEN	NCE (Whare de	caased livad. If I	nstitution: Res	sidence before admission)
a. COL					a.	STATE		b. COUN	TY	
h CITY		ntgomery outside corporate limi	10	c. LENGTH OF STAY IN		Mary		Mor	ntgomen	ТУ
		giva naarast town)	15,	C. LENGTH OF STAT IN	ID C.	CITORIOWN	(II outsida corp	orata limits, writa	KUKAL and	give nearast town)
		thesda		D.O.A.	52		y Chase			
d. NAA	AE OF HOSPITA	AL OR INSTITUTION (f not in hosp	itat, give street address)	Id	STREET ADDRESS	S			IS RESIDENCE ON A FARM?
	Sul	burban Hos	oital			8 Ka	st Lenn	ox Stree	at.	YES NO
3. NAMI		First		Middle		Last	4. DATE	Month		Day Yeer
(Typa o		ary More	nead	Underwood			OF DEATH	Marc	ch.	1 19 60
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9.	. AGE (In years	IF UNDER 1 Y	
п	ale	white	WIDOWED	DIVORCED [Dec	ember 17	, 1893	last birthday)	Months De	eys Hours Min.
10a. USU	AL OCCUPATION	ON (Giva kind of work king lifa, even if retira	10b. KII	ND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (State	e or foreign cou	intry)	12. CITIZI	EN OF WHAT COUNTRY?
Colo	nel U.	E. Army		thred		Kentucky				ULS.A.
13. FATHE	R'S NAME					OTHER'S MAIDEN			-	
F	lobert 1	Underwood				Emma You	nglove			
15. WAS I	DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	7. INFOR			Address		
200		yas give war or daids of si	er vica)	ves	I.t. An	drew F	Indemio	and Inon	nous) Ed	t. Bragg. N.C
1 1B. C		ATH Entar only one	cause par lin	na for (a), (b), and (c).]	D 0 0 1111	dion i.	onder no	ou (nepi	Tew) F	L. Bragg, N.C
		WAS CAUSED BY:	Coro	nary Occlus	ion					onset and death
Unit	420	DUE TO								
Condi	tions, if any,								033	
	isa to immadia	ta causa								
(a), s	tating tha un								3 74 -	
		SICNIEICANT CONDI	IONS CON	RIBUTING TO DEATH BU	T NOT DELA	TED TO THE TERM	INIAL DISTASS	COMPITION CIVI	Thi thi DA DT 41	
101	AKI II. OTHER	SIGNIFICANT CONDI	10143	KIBOTING TO DEATH BO	THOT KEEN	TED TO THE TERM	IIIANT DISEASE	CONDITION GIVE	EN IN PAKE I	PERFORMED?
5										YES NO X
PRIMA CAUS	EXTERNAL CAR	USE WAS 2	Ob. DESCRIE	E HOW INJURY OCCURE	ED. (Entar nat	ura of injury in Pa	art I or Part II of	itam 18.)		
WEDICAL 20c.	Hour a.m.		Whila	Not Whila		NJURY (Homa, fer et, office bldg., et		or town)	(County	y) (Steta)
	p.m.	19	at work	ins described above	hold an	Autoney 🗔	Inspection	Inquir	. (and in
					_	,				and in my opinion
dean	resulted fr	om: Natural ca	n262	Accident,	Suicide _	, Homicide		determined ma	anner	
7.05	1	1	0	All of the second		CHIEF MEDICAL				
ACT	ATURE	and I	In	nhait	M.D	ASSISTANT MEI	DICAL EXAMINI	ER		DATE SIGNED
	MINER'S	- 1				DEPUTY MEDICA	AL EXAMINER	X		The state of the
	E (Type)	Frank J. H		BTT 22c. NAME OF CEMETER	V OP CPENA	Address (Street,				ch 1960
REMO	VAL (Specify)	7/15	10	TAME OF CEMETER	OK CKEMA	NOK!	71/1	ION (City, town,	or country)	(Stete)
CREM	Atlon	1-/4/0	, 0 1	WEE'S CRE	MATO	RY	10145	41n97	02	· 10.C.
23. FUNE	RAL DIRECTOR	- ' '/	, ,	ADDRESS	0	24a. RE	R 7 '60	IAR 246, REGI	STRAR'S SIGN	NATURE
lu E	E. FU	NERAL	Homes	: 300. 4T	4 ST/	E DATE			- 1 20, 7 VI)-mv/m
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	See Young Love		Forest Under Commen	
	o Andrew F. Maders co	hipios 7. yr atoris 9		
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2.50.25	the Library			

-		Reg. Dist.									ist. No.	. No. 215		
	10	LACE OF DEATH L. COUNTY Contgomery			MARYLAN		usual RESIDENCE (Wa. STATE Virginia	Vhere decease	d lived. If institution b. COUNTY	on: Reside	nce befor	e admiss	ian)	
-	b	. CITY OR TOWN (II RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL and	give nea	rest town)	
	E	Bethesda	(Rural)		26 days		Arlington				83	X	3	
-	- 0	OR INSTITUTION	AL (If nat in hospital, g	ive street	oddress)		d. STREET ADDRESS					e. IS RES	DENCE FARM?	
1	U	J.S. Naval	Hospital,	Beth	esda, Md.		1111 Army-	Navy D	rive				NO 🔯	
	3. 1	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	ith	Day	,	Year	
			Walter Vict	cor	Rudolph		VIEWEG	DEATH	March		20		19 60	
	S. S	EX	6. COLOR OR RACE	7. MARR	IED K NEVER MARRIED [3 8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Months			R 24 HRS.	
		Male	White	WIDOWE	DIVORCED]	9-19-02		57 yrs.	Months	Days	Hours	Min.	
	100.	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stat	te or foreign o	ountry)	12. CI	IZEN OF	WHATC	OUNTRY?	
1	-	U.S. Navy	mg may avail it remes		S. Governmen	t	New Yo	rk		U	.S.			
)	13.	FATHER'S NAME		. 9 17		1	4. MOTHER'S MAIDEN	NAME						
/		Rudolf VI	EWEG				Emma KL F	CIN						
		WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress				
	Y	es	1924-1934			(Wif	e) Anna R.	Viewe	g San	ne as	#2			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]									0.1	INTERVAL BETWEEN ONSET AND DEATH		TWEEN	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	3	and office.	GC/CH	a Pulwer	ory th	forchow,	longe	40	24 h		
	239 X DUETO revenia + Hypercalienia								n J-					
		Conditions, if a			Renal va	Lin	osis & x	vilura				3	mo	
		gove rise to it couse (o), stating			77	^	_	4						
		lying cause last.) (c)	Porothyro	id	1 umot -	func	lional			6	hio	
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINA DISEAS		EN IN PA		PERFO	RMED?	
2	Š		Hypa	Tenas	on of Cong	esti	ne Kenny	forler	e. Right	lest	A.	YES 🔀	NO 🗌	
	RTIF	20a. ACCIDENT WA OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCGL	RRED. (E	inter noture of injury in	Port I ar Par	t II of item 18.) L	ala Ca	the			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJUR' Have a, m,	,,	20d. Il While	Not while	 PLACE factory 	OF INJURY (Hame, far , street, office bldg., e	rm, 20f. (City tc.)	y or town)		(County)		(State)	
	WE	p. m.	19	at wor	k at work									
		21. I certify th	at I attended the	deceas	ed fram 23 Feb	ruar	y, 19 60, ta	20 Mar						
		alive on 20 1	March	, 19_	60 , and that de	ath ac	curred at 8:50.	AM, fram	the causes an	d an th	e date	stated	abave.	
			7 1	/ ^		1		ADDRESS (S	treet, city ar tawn,	state)		DAT	E SIGNED	
		ACTUAL SIGNATURE	tred 1	1.0	Council	M.D.	U.S. Nava	l Hosp	ital, Bet	hesda	a, Mo	1.3-	21-6	
1		PHYSICIAN'S	F.H. O'CONI	JETT.	LCDR MC USN		II C Novo) Woon	אותא הא	מ ח	- + h	250	Ma	
		IAWWE (IAba)			DDIT TIO CON		U.S. Nava				e che	, suit	Ma.	
	720.	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEMETER				TION (City, tawn,			(State	b)	
/	1		3-23-60	1100	Arlington	wa.Cl			lington	Va.	world:	A.Mr.		
1	CU	awler's 1	756 Pennsyl	woni	a Ave. N.W.	Joch		UAR 24		A CHAR'S S	Chicipi	3467		
/	I U	CANTET D T	L'O L'EUUD'A	ACTITION	a AVC. N.W.	Wasil	TITIES COTTI DIRATECT	BOU!						

4 haurs after death. Page 4 may retrained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs, affer death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 0 VS A1S (4) 1SM 9/S8

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Wife, Mayor Hospitady Bellevill, 1811 - 1815		
V.S. Abovi School Come, Inches and Associated Wall		
	and the second state of the	

		9099	CERTIFIC	AIE OF DEATH		Reg. Dist. No.	
	1. PLACE OF DEATH o. COUNTY	farmery	MARYLAND	g. STATE	here deceased lived. If instit b. COUN	tution: Residence befare admission)	
	RURAL ond give			c. CITY OR TOWN (IF of Portugue)		e RURAL and give nearest tayn)	
+	OR INSTITUTION	PITAL (If not in hospital, give str	reet address)	d. STREET ADDRESS	River Roa	e. IS RESIDENCE ON A FARM YES NO	W.
	3. NAME OF DECEASED (Type or print)	Marante	A Rebecc	Last Last	4. DATE OF DEATH MAY	Aonth Day Year	101
1	5. SEX	. //	ARRIED NEVER MARRIED DIVORCED	Jan 6 18	75 9. AGE (In year last birthday		HRS.
	HOLLS C	orking life, even if retired)	10b. KIND OF BUSINESS OR IND	Distric	+ 1 Columbi	12. CITIZEN OF WHAT COUN	TRY?
	John	miller		14. MOTHER'S MAIDEN A	H Bur	rous	
	15. WAS DECEASED E	VÉR IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	ar HU0197	1,53/47	don Hts. mo	10
		PEATH (Enter only one couse po PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), and (c).]	intile		INTERVAL BETWEE	
	Conditions, if gove rise to	immediate (myocord	I Sport	7		
	couse (o), stotin lying couse los	ig the under-	arleusc	lecuto A	east Dr	GIVEN IN PART 1(a) 19. WAS AUTO	PCV
2	CATIC	Chron	in Pyelon	aplita, lu	erin, Essen	PERFORMED YES NO)?
	OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HO₩ INJURY OCCUR				
	20c. TIME OF INJI Hour a. m p. m	n. 10 WI	d. INJURY OCCURRED 20e. hile Not while work ot work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc), 20f. (City or town)	(County) (S	tote)
	21. I certify alive on	that I oftended the deco				(i), that I lost saw the deced and on the date stated abo	
	ACTUAL SIGNATURE	William Her	ing Killay	M.D. 9902	ADDRESS (Street, city or tow	wn, stote) DATE SIG	NEC
	PHYSICIAN'S NAME (Type)		0	Bet	tedo, 1	t out	
	PEMOVAL (Specif	2 1/4/60	22c. NAME OF CEMETERY	A Nile Com	22d. LOCATION (City, to)	maken DC	-4
	23. FUNERAL DIRECTO	las Lunual	Home Was	A L DATE		Culling S. Huma	

200 (SAND) : 10 (A STEER OF THE PARTY AND ADDRESS OF THE Additional to the same of the

purs after death. Page 4

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03605

		3654	CERT	IFICA	ATE OF DEA	ATH		Reg. Di	ist. No.		00
1. PLACE OF DEATH o. COUNTY Montgomer	v		MAR	YLAND	2. USUAL RESIDENC o. STATE Arkansas		ed lived. If instituti b. COUNTY	41.5	ams		sion)
b. CITY OR TOWN	(If outside corporate lim	its, write	LENGTH OF STATE	Y IN 1b			orote limits, write P.				n)
RURAL ond give r	nearest town)		23 days		Almyra				47	X-	3
	TAL (If not in hospitol,	give street od			d. STREET ADDRE	SS			10.	e. IS RES	IDENCE
	cal Center	. Beth	esda Il.	Md.	PO Box 2	215					FARM?
3. NAME OF		rst	Middle		Lost	4. DATE	Mon	ith	Da	ıv.	Year
(Type or print)	Kar	an	Fay	'A	Vos	OF DEAT			2	,	19 60
5. SEX	6. COLOR OR RACE				B. DATE OF BIRTH		9. AGE (In years	IF UNDER			
Female	White	WIDOWED			January 2	7. 1950	lost birthdoy) 70 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b. Ki	IND OF BUSINESS	OR INDU				12. CIT	IZEN OF	WHAT	OUNTRY
Student	rking life, even if retire		one		Arkansa			TT	s.	Δ.	
13. FATHER'S NAME		14	0110		14. MOTHER'S MAIL			1 04	, 0.	A	
Calvin Vo	s				Eunice 1	Roberts					
1S. WAS DECEASED EV	ER IN U. S. ARMED FO		OCIAL SECURITY NO	o. I	NFORMANT The 1	Medical	Record Add	ress			
No			one	Th	e Clinical	Center.	Bethesda	14.	Mary	ylan	d
18. CAUSE OF DE	ATH [Enter only one c	ouse per line	for (o), (b), and (c)						INTE	ERVAL BE	TWEEN
PART I. DE.	ATH WAS CAUSED BY:	Mass	ive gastr	o-in	testinal he	emorrhag	e		2	Wee	
Conditions, if gove rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	Mass	ive hemor		e into lung	gs			2	weel	
PART II. OT	HER SIGNIFICANT COI	NDITIONS CO	INTRIBUTING TO DE	EATH BUT		GE LE	11,013	EN IN PAR	(T 1(o) 1	9. WAS PERFO	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY (OCCURRE	D. (Enter noture of inju	ry in Port I or P	ort II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.		While	URY OCCURRED Not while	20e. PL fo	ACE OF INJURY (Home ctory, street, office bldg	, form, 20f. (Ci	ity or town)	((County)		(Stote
21. I certify to alive on Max Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the ch 2 Lawrence Laurence	a. 7	Jaydes	t death	occurred at 11:	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	n the causes an (Street, city or town, enter outes of H	d on the	e date	stated	d above
220. BURIAL, CREMATIC	ON, 22b. DATE THERE		22c. NAME OF CEN	AETERY O			ATION (City, town,	or county)		(Stot	te)
Bur-Trans	it 3/4/60		Almyra	Ceme	etery	Δ×1	kansas C	O A	rlea	nsas	
23. FUNERAL DIRECTOR			ADDRESS	5/12	-	REC'D BY REGI					
Robert	A. Pumphr	ey	Bethesd	a, N	iaryland _{DAT}		160	White A.	, rum	U/m	

TO HOY VS A1S (4) 15M 9/SB

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A STANFACTURE OF THE STANFACTURE	William Olimbrol Nameur Andrews Contract Address II, Names			
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15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03606

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES V NO

> > (Stote)

(Stote)

(County)

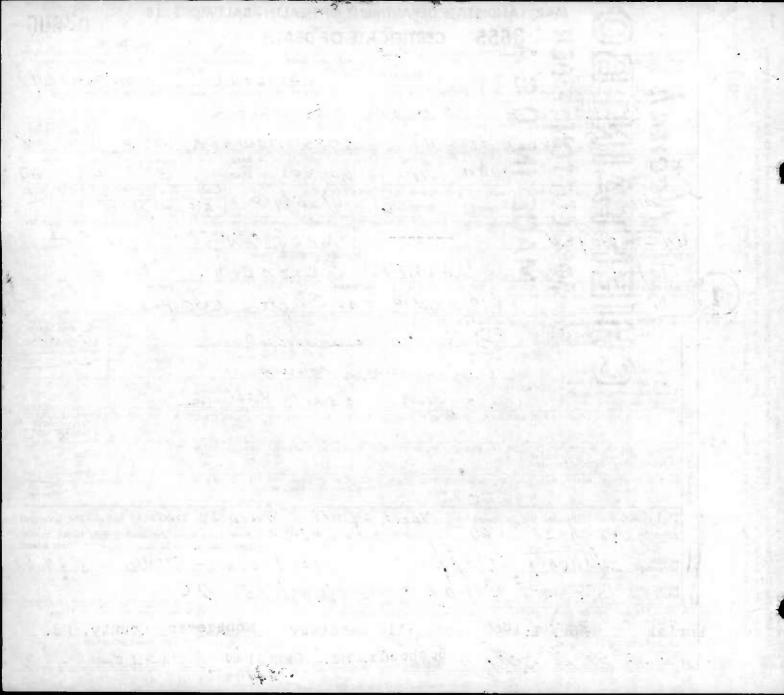
ON A FARM?

YES NO TH

Yeor

19 60

Reg. Dist. No.



ND STATE DEPARTMENT OF HEALTH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) ector. Page rour siles a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if oulside Aprporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH mar in Item 18. Give Pages 1, 2, and 3 to 1 ng with form PM3. Page 5 may be 1sit permit. File pages 1 and 2 with the 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED hours lest birthday) Months WIDOWED DIVORCED 10a. /USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dose during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yas, no, or unkown) ! (If yas giva war or detas of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). Office along burial-transit 2 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) in pencil DUE TO removal. "pending" geve rise to immediata cause (0) Examiner's DUE TO (a), stelling the underlying 8 This certificate 50 pesn causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word 2 Medical should 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) fectory, street, office bldg., atc.) Hour a.m. While Not While at work el work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER should be EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 San 24a. REC'D BY REGISTRAR I

VS. A15ME 5M 7/59

DATMAR 2 8 '60

. IS RESIDENCE ON A FARM? YES NO X

1960

IF UNDER 24 HRS.

INTERVAL BETWEEN

QNSET AND DEATH

PERFORMED?

NO X

(State)

and in my opinion

DATE SIGNED

Devs

2

Year

REPORTED THE REPORT OF TAXBET RELIGIOUS AND TO A BRIGHT AND A BROWN AS A PROSESSO WE SEE TO SO THE PROPERTY AND A PROPERTY AN The Name of the State of the St

03600

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution:	eg. Dist. No. Residence before admission)
	o. COUNTY Montgomery MARYLA	G STATE	Montgomerv
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN		
	RURAL ond give nearest town) Rockville	58 Hock+1116 Chevy	Chase
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION NURSING Home	d. STREET ADDRESS / Diproty Nursin	A HOTO SIS RESIDENCE ON A FARMY
	NAME OF DECEASED (Type or print) ANNIE LOUIS F	Wheeler Death Marc	Day Year
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED TO DIVORCED [lost birthdoy) N	UNDER TYEAR IF UNDER 24 HI
7	usual Occupation (Give kind of work done of the local during most of working life, even if retired) Leftene (Perator Telpehone	Y .	12. CITIZEN OF WHAT COUNTR
	Louis Greaty	Helen MAUDE SNOW,	YOW FOUND LAN
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) 2/2-20-//32	A MURSING HOME RECO	rds
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lemonhage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE TO (b) # speater	nacon	15-204
	gove rise to immediate couse (a), stating the under: lying couse lost. DUE TO		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 While Not while of work 19 of work 19	e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County) (Sto

ACTUAL

220. BURIAL, CREMATION,

Bur-Transit

21. I certify that I attended the deceased fram

and that death accurred at 12 30 AM, from the causes and an the date stated above

22b. DATE THEREOF

PHYSICIAN'S NAME (Type) William D. Aud

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Rockland, Massachusetts

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pu mphrey

Mt. Pleasant Cemetery Bethesda, Maryland Rec'd By REGISTRAR DATE MAR 1 0 '60

24b. REGISTRAR'S SIGNATURE arthur S. Krous

TO FUNERAL DIRECTOR: After this certificate has been signed VS A15 (4) 1SM 9/S8

with directar,

the funeral directions should be filed

campletely filled in by papers. Pages 1 and 2

pup

attending physician

papers.

far use as the burial-transit permit. Then please remave carbon pap crematian, ar remaval, and in any event within 72 hours after death

page 3 should be detached for use as the burial-transit

the registrar priar ta burial,

etained by the haspital ar attending physician

urs ofter death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



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VS A15 (4) 15M 10/57

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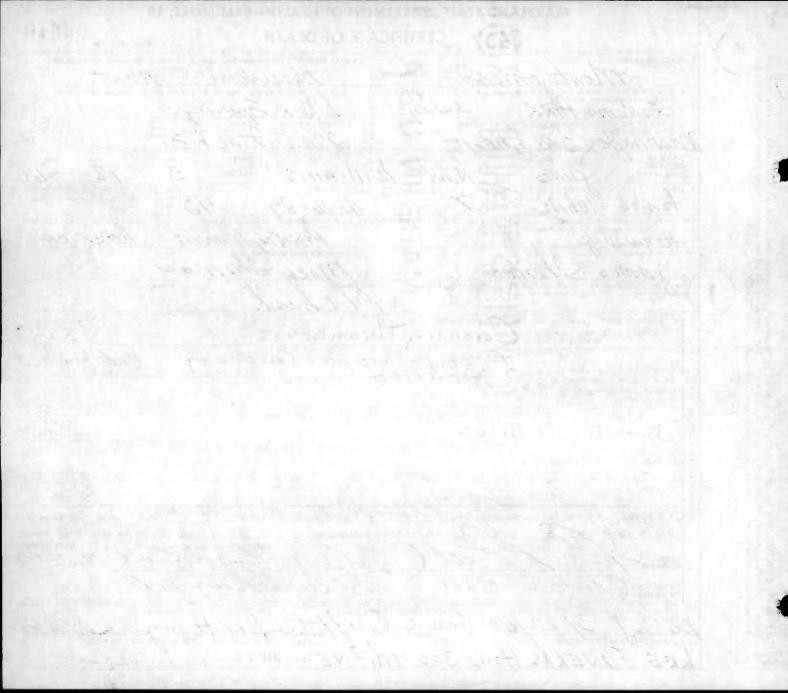
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3496 CERTIFICATE OF DEATH

03609

_		Reg. Dist. No.
	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
	THON TGOMERY MARYLAND	MARY LAND D. COUNTY MCN Trom ERV
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TAKOMA PARK 33HRS	ADE12hi
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 1002 Heather, Takoma Pare. IS RESIDENCE
	WAShINGTON SANITATION + HOSP	PRINT BRANCH NURSING YES NO
3.	NAME OF DECEASED (Type or print) First Middle Middle	WHELLER DEATH 3 30 1940
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
1	EMAKE WHITE WIDOWED DIVORCED	3 15 85 75 yrs.
100	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
	HOUSE WIFE HT HOME	D.C. U.S.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(GUKNOWN) LEVIGNE	MAKNOWN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	NO NEWE NONE	HOSP, TAL RECORDS
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	fave to all onset and DEATH
	MMEDIATE CAUSE (0) CP C DP CT TY	Jule 10 x am a smooth
	1000	H 1 0
	Conditions, if ony, which gove rise to immediate (b)	Thrombus left anceira, approved.
	couse (o), stoting the under- DUE TO Courselow	the feart destage !
~	lying couse lost. (c) Puller lost	to + Hydronephrons
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONTITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES DAY NO T
II.	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I ar Part II of item 18.)
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Hame, form, 20f. (City or town) (County) (State
MEDICAL	Hour o. m. While Not while	actary, street, office bldg., etc.)
2	p, m. Of work of work	D M 12 / 2
	21. I certify that I attended the deceased from.	1953 ta 1 ach 30, 1960, that I last saw the deced
	alive on 19 auch 30, 19 60, and that death	
		ADDRESS (Street, city or town, state) DATE SIG
	SIGNATURE Sous Olebles	MD. 10 101 University Send and 3/30
	De Division De Div	
	PHYSICIAN'S BORIS KABKIN	Silver ming bouled
220	BUNIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
1	64 12/1960 MT. BLIVET	Conclary WASHINGON DC.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	11. W. Chauken De She 517 117	7 (1+ 1/8)
W	ULUUL MALAMANANI (NAMMA) 7/1/1/1	IL XCIDATE APR 4 00 Culture & Wanted

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03612 Pag Dist No

			Reg. Dist. 110.
1. PLACE OF DEATH COUNTY Montgomery	unty MARYLAND	2. USUAL RESIDENCE (Where deceased liv o. STATE MARY LAND)	ed. If institution: Residence before admission) b. COUNTY MONTERY
b. CITY OR TOWN (If ourside corporate lights, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitat, give on institution or institution Hospital)	pitesh	d. STREET ADDRESS 4/17 COMMER	e. IS RESIDENCE ON A FARM? YES NO VE
3. NAME OF DECEASED (Type or print) MARV	Middle 1 ARGARET	WILLIAMS 4. DATE OF DEATH /	Manth Day Year MARCH 16 1960
F NEGRO WI	MARRIED NEVER MARRIED DOWED DIVORCED	5/23/18	AGE (In years less birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDI	Maryland	12. CITIZEN OF WHAT COUNTRY?
nathan Frazier		The / Nandy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) (If yes, give war or dates of service)		Mys Walter,	nc Roy Rockville N
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6)	per line for (a), (b), and (c).]	su midaretu	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	Pulmona	Ly embolio	m) fums
gove rise to immediate couse (o), stating the <u>under-lying cause last.</u>		1	
Volume of the significant condition of the si	ons contributing to DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURR	ED. (Sher nature af injury in Port I ar Part II (of item 18.)
Hour o. m.		LACE OF INJURY (Hame, form, cotory, street, office bldg., etc.)	town) (County) (Stote)
21. I certify that I attended the de alive on 3:15,	ceased fram 31//1	1960, to 3 16 h	, 1%D, that I last saw the deceased
ACTUAL SIGNATURE SIGNATURE	lass	· · · · · · · · · · · · · · · · · · ·	e causes and on the date stated abave. b, city or town, stole) DATE SIGNED 21.0.4.5.4.6.60
PHYSICIAN'S Stewart	Crapp	wash 15	D.C.
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c NAME OF DEMETERY	OR CREMATORY 22d TOGATION	N (City, town, or county) (Sypte)
23 MUNERAL DIRECTOR'S SIGNATURE	ADDRESS AND YA	24g. REC'D BY REGISTRAF	24b. REGISTRAR'S SIGNATURE

HITES TO TRADPITIES

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TO WE ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the harmonic death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with er death. hours at the registrar priar to burial, crematian, ar remayal, and in any event within 72

	305	8 :	CLKIIIIC	AIL OF I	LAI			Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Montgomery		4	MARYLAND	2. USUAL RESI a. STATE Maryl		here deceased	lived. If instituti b. COUNTY Monte	an: Residence	befare adm	issian)
b. CITY OR TOWN (if RURAL and give nea	autside carporate limits, w rest tawn)	rite c. LENC	GTH OF STAY IN 16			autside carpor	rate limits, write R		nearest to	wn)
Bethesda d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital, give s	street address)	days	Rocky d. STREET		-			e, IS R	ESIDENCE A FARM?
	al Center, E	ethesda	a 14, Md.	14407	Oak I	Hill Ro	ad			NO
NAME OF DECEASED	First		Middle	La		4. DATE OF	Man		Day	Year
(Type ar print)	Diane		Sada		tt	DEATH	Mar		6	19 60
Female	6. COLOR OR RACE 7. WII	MARRIED N	DIVORCED [B. DATE OF BIRT			9. AGE (In years last birthday) 2 yrs.	Manths Do		
Oa. USUAL OCCUPATION during most af working Child	N (Give kind af wark dane ng life, even if retired)	None	BUSINESS OR IND			e ar fareign co			S. A.	COUNTRY
3. FATHER'S NAME		110110		14. MOTHER'S			muta	1 0.	D. A.	
Franklyn R	. Witt			Thelm	a Sta	ansbury	-13. H-			
	IN U. S. ARMED FORCES? yes, give wor or dates of service			ME Clinic					amrl ar	nd
PART I. DEATI Canditions, if any gave rise to im cause (a), stating th lying cause last.	mediate (DUE TO	Massive Acute	e Gastro- Leukemia						INTERVAL ONSET AN HOUL	ID DEATH
PART II. OTHE	UNDERLYING [206	. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nature o	of injury in	Part I ar Part	II af item 1B.)			NO [
	CAUSE OF DEATH									
20c. TIME OF INJURY Havr a. m. p. m.	V	20d. INJURY O	t while f	LACE OF INJURY actory, street, affic	Hame, far e bldg., e	rm, 20f. (City	ar tawn)	(Cau	nty)	(State
alive on Mar	chard (ceased from 19 60 Muc	, and that deat	M.D. The C	l:15 linic nal]	Address (Start Cen	reet, city or tawn, ter tes of H	d on the d	late state	ed abave ATE SIGNE
22a. BURIAL, CREMATION REMOVAL (Specify)	3/9/60		AME OF CEMETERY	OR CREMATORY		22d. LOCAT	TON (City, town, CE GEO.			tate)
23. FUNERAL DIRECTOR'S WARNER E. I	BUMPHREY, IN	C. SI	DRESS LVER SPRI	NG, MD.	24a. REC	O BY REGIST		STRAR'S SIGN		

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marienk , ym	No .vx mars	T ATTACO	O LIFE SAU	PO LES	10\e\r'	

Maryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

3659 CERTIFICA	TE OF DEATH
PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY MODEL COMPONENT
Montgomery	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda	5/ Bethesda
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
8102 Maple Ridge Road	8102 Maple Ridge Road YES □ NOX
NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	WOLTER OF DEATH March \$ 7, 19 60
6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Mooths Days Hours Min
Male White WIDOWED DIVORCED	11/14/1904 lost birthday) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Co Washington, D. C. US
Vice President United Brick 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. PATTEN & TYPITTE	
Andrew H. Wolter	Mary Thompson
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
No Unknown F	rances Wolter-wife-same as 2d
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cross Conset and Death
420 I DUE TO	lerone's Norit Know
Conditions, if ony, which)	for the transfer of the
gave rise to immediate	refores ""
couse (o), stoting the under-	
lying couse lost.) (c)	The Wise Manager
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OR CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTION TO DEATH BUT OF CONTRI	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 While Not while at wark of work	actory, street, office bldg., etc.)
	No. 1948. to March 2, 1960, that (1) (we) last
saw the deceased alive an Murch 2, 1960, and that	death accurred at 5 p.M., from the causes and an the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) W. T. Joyce	Sio 6 Maple Ridge Id Bathesda.
118 28 00 00	110011111111111111111111111111111111111

mayzee revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the filed with page 3 shauld be detached far use as the burial-transit permit. the State Baard of Health priar ta burial, crematian, or remayal,

VR A1S (4) 1SM 9/S9

hours after death. Page

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

2 hours after death

and in any event within

3/10/60 24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

23b. DATE THEREOF

23a. BURIAL, CREMATION, BURIAL (Specify)

Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cem.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus DATEMAR 1 0 '60

23d. LOCATION (City, town, ar county)
Silver Spring,

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	1373475904	
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ME	of Dor
TY	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1-and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
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P	40°

VS. A15ME 5M 7/59

	MARYLAND STATE DEP		
Division of STATISTICAL	RESEARCH AND RECORDS, 3	101 W. PRESTON STREET, BALTIMORE	, MARYLAND
ME	DICAL EXAMINER'S	CERTIFICATE OF DEATH	036

	CILLINGALI OF PLANT	00010
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceasad livad, If institution	Residence before admission)
Maryland Maryland	e. STATE b. COUNTY	2.7
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give secret town)
write RURAL and give neerest own)	V 11 = 0	and give process town,
garthuray 24 yr	1 Harrherstone	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	. IS RESIDENCE
1241 4 -	D 7 1 4 2	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	YES NO
DECEASED	OF	Dey Yeer
(Type or print) Leonge Custon a	forms DEATH Man	9 1960
5. SEX 6. COLOR OP RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDE	R1 YEAR IF UNDER 24 HRS.
male wild widowed in DIVORCED in	last birthday) Months	Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	7-6-/889 76 yrs.	TITITE OF WHITE COUNTY
dona during most of working lifa, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
mail servere Returned	hard.	21.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1- 1. 11.	1 1 0 1	
15. WAS DECEASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17.	mulle Bather	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknown) (If yesgivawerordalasof servica)	INFORMANT Address	
	eo a young h. Ster	2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (0) Corrary	occusion	sullde
420. DUE TO		
Conditions, if any, which (b)		
geve rise to immadieta ceuse		
(a), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
5		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. ((Enter nature of injury in Part I or Part II of item 1B.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
4.	ACE OF INJURY (Homa, farm, 20f. (City or town) (Cotory, streat, office bldg., atc.)	ounty) (Stata)
Hour a.m. While Not While at work at work		
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident , Suice	cide, Homicide, Undetermined manner [
1	CHIEF MEDICAL EXAMINER	
ACTUAL TOUR A CONTRACT	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE VICTOR SIGNATURE	M.D.	
EXAMINER'S FRANK J. Broscha.	DEPUTY MEDICAL EXAMINER A Address (Street, city, town, or county)	9-60
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or count	ry) (State)
Burial 3/1h/60 Mount Olivet	Compton	
Burial 3/14/60 Mount Olivet	Cemetery Frederick, Maryla	
	seen 1 4 760 Carling	
M. R. Etchison & Son; Frederick, Marylan	ad DATE MAR 1 4 '60 Cirthur 2	. , , , , , , , , , , , , , , , , , , ,

THE ALL STORMAR THE PART OF THE PROPERTY OF THE PARTY OF Legu Nove Tours Suntreal principal grades (sent) the company and the company a ALL THE THE PART OF A PART OF THE PART OF Am line stolenost and ampalant . i . MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
LOS CERTIFICATE OF DEATH

03616

(10)	3438 CERTIFICATE OF DEATH
	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY MARYLAND MARYLAND D. COUNTY MARYLAND MARYLAND
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town Iakoma Park 15 days 15 days
075	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Washing ton Sanitarium & Hosp. 10435 Edgewood Avenue yes NOD
	3. NAME OF DECEASED (Type or print) Signature of Deceased (Type or print) A DATE Month Day Year OF DEATH MIRCH 11 19 6
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min. 9. AGE (In years lost birthday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF
6	13. FATHER'S NAME Nicholas Luras 14. MOTHER'S MAIDEN NAME MANTZOURAS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Address Address Address Address Address Address
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]
	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (o)
	Crediting if any which
	gove rise to immediate OUE TO
	lying couse lost.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark at wa
	21. I certify that (I) (this haspital) attended the deceased fram. 1955 19 , ta 3/1/ 1960, that (I) (we) la
	saw the deceased alive an 3/1/ 1960, and that death accurred at 35/M, from the causes and an the date stated above
,	220-SIGNATURE 22b. DATE SIGNI PHYS. DIRECTOR DPHYS. 3/11/6
1	22c. PHYSICIAN'S NAME (Type) OLIVER E. THOMPSON 22d. ADDRESS 901 Pershing Drive, Silver Spring, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 3/14/60 23c. NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETERY PRINCE GEO. COUNTY, MARYLAND
0	24. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PIMPHREY, INC., SILVER SPRING, MD. 250. REC'D BY REGISTRAR'S SIGNATURE MAR 15 500 251. REGISTRAR'S SIGNATURE

aurs after death. Fage 4 D HC TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be retained by the haspital ar attending physician. VR A1S (4) 15M 9/59

